

**A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE OF
TEMPORARY CONTRACEPTIVE METHODS AMONG
PRIMI MOTHERS AT KOVILPALAYAM,
COIMBATORE**

By

Reg. No: 301421103

**A DISSERTATION SUBMITTED TO THE TAMIL NADU
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN
PARTIAL FULFILLMENT OF REQUIREMENT
FOR THE DEGREE OF MASTER OF
SCIENCE IN NURSING**

OCTOBER 2016

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Approved by

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The background of the image is a soft-focus photograph of numerous pink rose petals. Some petals are in sharp focus, showing fine details and small, glistening water droplets on their surfaces. The colors range from light pink to a deeper magenta. The overall lighting is bright and gentle, creating a romantic and tender atmosphere.

*Dedicated to
Almighty God,
Lovable Husband,
Daughter,
Parents, Sisters
& Friends*

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Gratitude can never be expressed in words, but this is only a deep perception which makes the words to flow from one's inner heart

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CHAPTER - I

Introduction

*“Delay the first, postpone the second
prevent the third”*

- Tamilnadu Government

Family is a basic unit of society. It is Unit of Service. The independency of family members is an important concept in defining family. Every family is a social system, it has its own cultures, values and rules has structured and basic functions and moves through stages (Amarnath, 2014).

The fact that some methods of Natural family planning methods can be 99% effective in the avoidance of pregnancy seems unknown to most of the general public including many health care professional (Women's Health, 2012).

According to WHO family planning it has been defined as a way of knowledge, attitude and responsible decision by individuals and couples in order to promote the health and welfare of family group and thus contribute effectively to the Social development of the country.

Family planning refers to the practice to help the individuals or couples to attain certain objectives.

- To avoid unwanted births.
- To bring about wanted births.
- To regulate the interval between pregnancies.

- To control the time at which births occur in relation to the ages of the parents.
- To determine the number of children in the family. (Park, 2000)

Contraception should also be viewed in the wider context of sexual and reproductive health. The capacity to enjoy and control sexual and reproductive behavior is a key element of sexual health but at the same time it is accepted that birth intervals of at least 2 years improve maternal and infant mortality (Dankaj Desai, 2012).

In addition survey conducted Post – Partum indicate that women may wish to discuss contraception antenatally post hospital discharge, preferably in the context of general education about maternal and child health, (R.D. Craft, 2011).

Need for the Study

Several misconceptions, ignorance and inadequacy of knowledge and practice in relation to temporary contraceptive methods .

The World Health Organization estimates that 150 million deliveries occur annually.

The Investigator during her interaction with primi post natal mothers in the maternity centers at the time of her clinical experience has observed that the mothers were ignorant regarding knowledge and practice of temporary contraceptive methods. They were not able to know about the importance of maternal and child health.

In the PHC level, the number of eligible couples are 6646. In that number of couples projected 5376. Among these 69.8 groups are having sterilization and IUD groups are 328, and Oral pills are 138 womens.

But in the study aspect the primi mothers are 200 in this area. So I selected 40 samples to assess the knowledge and practice of temporary contraceptive methods.

Study conducted on contraception inspection should included discussion of all the options available, women may put themselves at risk for unintended pregnancy through their method, choice and changes (Sakala, 2011).

A study conducted in Egypt, women were advised to eat the seeds of the castor oil plant after child birth. Each seed was set to give a years protection against a pregnancy. Another old method was coitus interruptus (Avery, 2000).

Found that when educational attainment was held constant is difference in fertility and acceptance of permanent contraception of Hindus and Muslims narrowed through they did not Completely disappear. There are three basic reasons for wide spread ignorance and prejudice regarding Natural family planning. First of all, many health care professionals are uninformed about the modern methods of natural family planning. Secondly, many people including health care providers, are skeptical of anything natural. Their orientation is so much towards drugs, surgery and devices that they find it difficult to believe that common ordinary married couple can understand their mutual fertility well enough to achieve the same effectiveness associated with powerful drugs. Thirdly, some organization that specialize in oriented towards

Unnatural terms of birth control have been unfair in their treatment of natural family planning (Family Health International, 2008).

Contraception plays an important role in many women's life. It has been argued that control of their own fertility is the largest single factor affecting the independence of women during their century (Conrard, 2008).

Conducted a study on 600 millions of world population of Catholics, the only approved method by the Catholic Church is rhythm method. Recent surveys of Catholic women in USA showed that 58% of women practicing some form of birth control other than rhythm method (Mahergan, 2008).

The nurse has a vital role to play in population control programme. On the whole this is an interesting job, but there are several obstacles, the nurse has to overcome in carrying out this successfully namely, illiteracy, ignorance, practice, attitude of people, religions and social customs. It may be a very difficult task to handle especially by young unmarried nurses. But anything can be made easy if only things are handled tactfully. It calls for great skill, patience and understanding on the part of the community health nurse to function effectively in family welfare programme (Kasturi Sundar Rao, 2008).

The provision of education on contraceptive use to the post-partum mothers has been considered as a standard component of Postnatal care with up to 80% women, nothing that a discussion on contraception took place with a midwife on the postnatal floor (William, 2008).

Sundar Rao said that women from the nuclear family has much knowledge than the women in a joint family (Sundhar Rao, 2008).

Observed that the mother who is aware of family planning whether further questioned regarding contraception (62%) were seriously considering the adoption of contraceptive methods, soon after the recovery from the post partum effects of delivery. The husbands of those women were also fully in favour of family planning (Linda, 2001).

He says 60% of population of 60% developing countries are ready of easy assessed to atleast and modern method of contraception. Illiterate women (70%) approved of family planning compared with 94% of women who have completed high school. Joint approval by both husband and wife is 48% women compared with 85% among illiterate women compared with 85% of women who have atleast and high school education. (Manelkar, 2001).

Statement of the Problem

A study to assess the knowledge and practice of temporary contraceptive methods among Prime Mothers at Kovilpalayam..

Objectives

- To assess the knowledge and practice of temporary contraceptive methods among primi Mothers.
- To deliver the structured teaching programme on temporary contraceptive methods among primi Mothers.

- To evaluate the structured teaching programme on temporary contraceptive methods among primi Mothers.
- To correlate the relationship between knowledge and practice of temporary contraceptive methods among prime Mothers.
- To find out the significant association between knowledge and practice with selected demographic variables.

Null Hypothesis

There is a no significant difference between pre test and post test knowledge and practice scores regarding temporary contraceptive methods among primi mothers.

Operational Definitions

Knowledge

It refers to the verbal responses of respondents to knowledge items on temporary contraceptive methods, as measured by this structured interview schedule.

Practice

It refers to the actual activities as were primi mothers observed by the investigator through scores of observational checklist.

Planned Teaching Programme

It refers to a systematically organized need based teaching material regarding temporary contraceptive methods for primi mothers

Temporary Methods

Commonly used to postpane or to space birth.

Contraceptive

It is a method or material used to prevent the conception or unwanted pregnancies.

Assumption

- Primi mothers have inadequate knowledge on temporary contraceptive methods.
- Education will enhance the knowledge and practice of primi mothers regarding temporary contraceptive methods.

Delimitation

- Only primi mothers soon after delivery
- Primi mothers living in rural area.
- Mother who can understand and speak Tamil or English.

CHAPTER – II

Review of literature

A review of literature is an essential aspect of scientific research. One of the major functions of review of research literature is to ascertain what is already known related to the problem of interest and this will help in developing a broad conceptual context into which a research problem will fit (Polit and Hungler).

An intensive review of literature was done by the investigator to lay a broad foundation for the study and a conceptual framework was developed to proceed with the study. A study was conducted on family life education for 135 non school going adolescents in ‘Malawani’ an urban slum in North West Bombay. Structured interview schedule was used to collect the data from samples. The study found that only 25.19% of the participants knew about family planning methods. Majority of the participants mentioned condoms and saheli as family planning methods because of wide spread advertisements by mass media. Awareness about copper –T was poor that is only 4.44%.

A study was conducted on “Inter spousal communication on family planning as a determinant of the use of modern contraception” in Bangladesh among 9,640 female respondents and 3874 male respondents. Information collected through questionnaires. The findings indicated that the respondents (women’s) age, number of living children, educational level, possessions, type of residence and mobility showed significant association in relation to use of modern reversible methods. Educated women reported higher use 36.4% of modern reversible methods. The findings also

brought out inter spousal communication as a significant determinant of use of modern reversible methods with the percentage of users increasing as the frequency of inter spousal communication increased from “Never” to “Always”.

A study was conducted by National family health services in India on Contraceptive use among Indian women. Structured interview schedule was used to collect the data from the samples. The study found that knowledge of contraception is almost universal among Indian women, but only 41% are actually using contraception, according to the N.F.H.S. The mean number of children at first use of contraception is 2.8. Three quarters of couples who use contraception rely on sterilization, mainly female sterilization. Among these couples, the median age of the wife when she or her husband was sterilized is 26.6 years. 79% of current users of modern contraceptive methods obtain contraception from government sources. Although only 6% of women currently using contraception are using modern temporary methods.

A study was conducted on utilization of intra uterine devices in world wide among women. structured interview schedule was used to collect the data from the sample. The study reported that around the world, over 600 million women are following various contraceptives like oral contraceptives, injectables, intra uterine contraceptive devices are the most widely used contraceptives . An estimated 105 million married women about 1 in every 5 are not using any contraceptives.

A study was conducted on attitude of women towards family planning methods and its use among 40 women of child bearing age group 15 – 49 years in the slum of California. All women were followed for one year. The study found that

weakness was narrated as the commonest side effect from all family planning methods. More than 70% women told that irregular menstruation from oral contraceptive pills and ill health from tubectomy as the other side effects. Demands for more children and for son preferences were the leading reason for not using any methods followed by afraid of side effects and health problems. There was negligible change in the use of family planning methods during the period of the study. The study concluded that effective family planning methods use should be advocated through adequate counseling about the correct use, side effects and their proper management.

A study was conducted on Knowledge, attitude and practice of family planning methods among 60 eligible couples in ward six of sreekaryam panchayat , Kerala. Structured interview schedule was used to collect the data from the sample. The findings of the study revealed that, The knowledge score was below average for 87% of the sample. 56.7% of the couples were not practicing family planning while 43.3% were practicing. Majority (46.2%) of them were using copper –T. 73.1% of couples were not practicing family planning just because they do not like these methods.

A study was conducted on child spacing and the utilization of maternal health care services in some selected states of India. The sample of women taken from the states of Madhya Pradesh, Orissa and Tamilnadu was 1932, 1145 and 719 respectively. The finding of the study reveals that the median birth interval was observed to be 39 months in Madhya Pradesh. It was longer in urban areas than that rural areas. Literate mothers as compared to illiterate mothers have longer birth

intervals possibly due to the higher and more effective use of contraceptives among the former than among the latter. Similarly women from house holds with a high standard of living have a longer median birth interval than those with a low standard of living. Mothers who breast – feed their children for 18 months or more, have a longer birth interval than those women who either do not breast feed or breast feed for less than 18 months. Undoubtedly, breast feeding practices couples with the use of effective contraception can elongate the birth interval. Poor nutrition and health of women might also contribute to sub fecundity among them and cause undue delays in contraception.

A study was conducted on evaluating contraceptive choice through the method mix approach. A total of 8,077 potential clients were given a balanced presentation of all available contraceptive methods in the national programme that is CUT 200 intra uterine device, low dose combined oral pills, condoms and sterilization along with Norplant. The findings of the study revealed that the majority of women opted for spacing methods among them, the IUD was preferred by about 60% of clients followed by condoms 9%, oral contraceptives 6% and Norplant 5%. The study also revealed that by encouraging potential clients to make an informed choice, they could over ride the providers bias while accepting a particular type of spacing method.

A study was conducted on factors determining the choice of contraceptive methods at the Family planning, university college hospital, Ibadan, Nigeria among 2000 women. Structured questionnaire was used to collect the data. The study reported that out of 2000 women volunteers seeking contraceptives services at the family planning clinic, university college hospital, Ibadan, Nigeria, 66.2% chose the

Intra uterine device making it the most common method of contraception. Ignorance, fear and unfounded cultural beliefs were factors responsible for the delay in seeking contraceptive advice. The mass media was an important source of information for most of the women. The mean age of acceptors was 31.5 years, mean parity was 4.4. 63.2% of these women sought contraception to delay or postpone pregnancy. The four most frequently selected methods were IUDs 66.2%, oral contraceptives 10.4%, injectables 7.9% and sterilization 5.8%. Information from the mass media and friends were most influential.

A study was conducted in Missouri on “Women’s interest in natural family planning” stated that a questionnaire was mailed to 1500 women aged 18 to 50 years, who were randomly selected from driver’s license renewal records. The study results showed that out of the 747 returned questionnaires, 484 were from women who were from women who were still potentially fertile. Of these women, 22.5% indicated that they would be likely or very likely to use natural family planning in the future to avoid pregnancy and 37.4% indicated that they would be likely or very likely to use natural family planning in the future to become pregnant. Only 2.8% were currently using a method of natural family planning. Post use of any method of natural family planning to avoid pregnancy was associated with interest in future use of modern methods of natural family planning to avoid pregnancy.

A study was conducted on contraceptive use at the family planning clinic of the University of Nigeria Teaching Hospital, Enugu, Nigeria among 19,470 clients. Structured interview schedule was used to collect the data from samples. The study reported that out of 19,470 clients who visited the family planning clinic of the

university on Nigeria teaching hospital, Enugu. 2402 clients (12%) were new patients and 17,068 (88%) were old patients. Among the new clients 2262 (94%) eventually accepted a contraceptive method. The majority of the women (60%) choose the intra uterine contraceptive device (IUCD), 20% chose the injectables, which chosen by 8% and 7% respectively. The oral contraceptive pill was the least popular (1%).

A study was conducted on “Increasing access to emergency contraception in India” among women aged 16 – 45 years. Structured interview schedule was used to collect the data from the samples. The study revealed that every year, women through out the world had 75 million unwanted pregnancies. In India the contraceptive prevalence rate is 48%. Despite women’s expressed desires to space their children, the condom is used only 3% of women and the pill and the IUD are used by only 2% of women. Emergency contraception, thus becomes an important back up method for the couples who do not use contraception and when contraception fails.

Donati Serena, et.al., (2014) had conducted a survey on “Knowledge, attitude and practice on family planning in Kakching”, Manipur, reported that attitude of the female towards family planning methods was positive whereas very few husbands showed positive attitude towards family planning. 90% of females requested more information regarding family planning methods. In addition, 83% were in favour of sex education in school.

Chopra Seema and Dhaliwal Lakhbir (2012) conducted a study on “Knowledge, attitude and practice of contraception in urban population of North India”, reported that 55.2% subjects were aware of contraceptive methods and

majority of women had favourable attitude towards family planning but awareness of long-acting new methods is still not upto the expected level.

Foster, D. G, et.al., (2010) in his article “Cost savings from the provision of specific methods of contraception in a publicly funded programme” reported that all contraceptive methods were cost-effective; they saved more in public expenditures for unintended pregnancies than the cost to provide.

Ahman, E. L, et.al., (2009) in his article “Contraceptive use, fertility and unsafe abortion in developing countries” highlighted that despite of a substantial rise in contraceptive use around the world, unplanned pregnancies and induced abortions continue to occur. Each year an estimated 19 million abortion are carried out outside the legal system, by unskilled practitioners or under unhygienic conditions. High levels of unsafe abortion persists even where contraceptive prevalence is increasing and fertility is declining. He suggested that expanding contraceptive chances and a balanced method-mix can serve as an effective strategy to prevent unsafe abortion and its consequences.

Lamvu, G. et.al., (2008) conducted a study on “Consistency between most important reasons for using contraception and current method used the influence of health care providers”, among 433 women, reported that contact with a health care provider was the only factor associated with consistency between birth control method and reasons for initiating contraception

Alis, et.al., (2004) conducted a study on “Prevalence and factors associated with practices of modern contraceptive methods” among 420 currently married

women of reproductive age group of 15 to 49 years in a district, Nausharo Feroze, revealed the result that prevalence of modern contraceptive method was 27.9%. Contraceptive practice was high among the women who were employed, having three or more children and their husbands were educated. By these findings, the researchers suggested that the male and female education and small group discussion of various issues related to family planning and reproductive health may be helpful in creating awareness among the respondents.

Laxmi Murthy (2003) in her article “The population problem: Exploding Myths” describes that ours is of the oldest population programs in the world. She quoted that Indian women, especially from the poor sections, have been consistently subjected to a population reduction program, occasionally garbed in euphemisms like reproductive health, sterilizations accounts for 63% of contraceptive use in India, but significantly women comprise 97.7% of the total number of sterilizations. To reduce the birth rates dramatically, spacing methods have to gain primacy.

Saxena, N. C (2003) in the review article, “Various methods of contraception shall be made accessible to all in India”, pointed out that a total of 55.2% of subjects were aware of contraceptive methods. Permanent methods were known to nearly 50% subjects but acceptance was very less, i.e. 5% only; majority of women had a favourable attitude towards family planning but knowledge of using long-acting new methods is still low, which need to be promoted.

Wasileh Petra-Nustas (2002) conducted a study “Men’s attitudes towards contraceptive use” with a qualitative approach among Jordanians and explained that

there was knowledge deficit and unfavourable attitude among the men related to contraceptive methods.

An ICMR task force study (2000) on “Contraceptive knowledge, practices and utilization services in the rural areas in India” indicated that the overall contraceptive prevalence was 45.2%, of which 34.2% had used a permanent method. There was no knowledge of using any family planning method for either postponing the first conception after marriage or spacing between the two childbirths. A large majority of women (70.5%) followed family planning method for the first time, only after completing their desired family size.

Takkar, N. et.al., (2005) in “Contraceptive practices and awareness of Emergency Contraception” among 284 educated working women with a cross sectional study design, showed that 29(11.2%) women were aware about emergency contraception, whereas only three women had used it. A high percentage of females in the literate working women population used contraception, but on the other hand awareness of EC was low.

Hendan reported that emergency contraception is a therapy for women who experience an act of unprotected sexual intercourse. This will offer enhance to avoid pregnancy to women who did not use contraception and when conception fails, proper education on temporary methods will reduce illegal abortion and maternal mortality (Hendan, 1998).

The Food and Drug Administration has approved a number of birth control methods. The choice of birth control depends on factors such as a person's health,

frequency of sexual activity, number of sexual partners, and desire to have children in the future. Failure rates, based on statistical estimates, are another key factors. The most effective way to avoid both pregnancy is the practice total abstinence (FDA, 2003).

The number and characteristics of women who seek hormonal contraceptives from pharmacists are evidenced by a study consent or enrollment, not able to obtain hormonal contraceptives due to contraindications, costs, etc., The proportion and characteristics of those women who continues to use the initial method after 3, 6, and 12 months compared with national literature and with women who do not obtain the method by direct pharmacist access; Safety evaluation to include prescribing protocol adherence no women with absolute contraindication, given estrogen; BP monitoring is done prior to more than three cycles of estrogen methods; no women is given a hormonal method while pregnant (National Institute of child Health and Human Development, 2003).

A bench mark survey of 6 district of Uttar pradesh revealed that females belonging to nuclear type of house hold showed a slightly high average number of children even born as compared of those belonging to the joint type of house hold (WHO, 1994).

Study of family size preference in Nigeria revealed 90% of husbands and 50% of wives said that husbands views carry more in family decisions than wives. View according to the report, men not only decide the family size and also the number of children a women should have (FHI, 2003).

In this study stated that people assess to family planning services varies widely between regions. Overall, 60% of the population of developing countries have ready an easy access to at least one Modern method of contraception (Women and Child Care, 2001).

Knowledge of contraceptive methods is universal in Kerala with 100% of the currently married women in both the urban and rural areas reporting knowledge of at least one method of family planning (Drennan, 1998).

In a study a sample of 100 adult women visiting the family health center over a period of one year, were invited to participate in a research interview. Questions were asked about demographic with contraceptive methods. Women were dissatisfied with oral contraceptives, as they were with the less efficacious methods such as condom, foams, gels and rhythm. The only method that had a greater than 10% satisfaction rate was tubal ligations (Pathfinder International, 1997).

In an another report in 1992, all the modern methods were deemed more effective than traditional methods of which “rhythm was ranked more effective followed by withdrawal and finally other “Folk” techniques. Both survey used the same definition of traditional methods rhythm was defined as calendar method where couples avoid sexual relations during the period of women can get pregnant and withdrawal was defined as when the man’s careful and withdraws before he is finished the people used withdrawal methods. Use of withdrawal instead of Modern Methods was significantly more likely among 15-19 yrs old and 20-24 yrs old than among women aged 25-39 yrs (Global Reproductive Health, 2000).

The U.S. women have a wide array of effective contraceptive forms to use, unfortunately more than 6 million annual pregnancies in the U.S are unplanned and about half end in abortion. Community health nurse need to taken active role in discussing contraception to all women of child bearing age.

Studies carried out in a township and 2 PHCs in Madurai and Dindugal; regarding the perception and attitudes of condom users, their spouses and health wokers to enumerate and cross check the active use of condom. The main reason reported for using condom was that it was simple and safe without side effects and was being used for 2.5 years after the birth of the first child. (Ratnam, 2000).

Conceptual Framework

The conceptual frame work for this study was derived from system theory Ludving Von Bertalanfy, (1968). According to him a system is a set of interrelated part that come together to form a whole. Each part is necessary or integral components required to make a complete meaningful whole.

System Components Include

Input

It is a form of energy information and matter that enter in the system through it's boundaries. All systems must receive varying types and amount of information from the environment.

The system uses the input to maintain it's homeostasis. In this study, the inputs is considered to be the information related to the primi gravida mothers demographic characteristics such as age, religion, education and occupation. In some place of residence mass media, these may influence the knowledge level of the primi mother on temporary contraceptive methods.

Throughput

It is the process by which the system recognizes and process the input of energy to release an output as an desirable elements. In this study, the throughput considered for processing the input are

- Planned Teaching by lecture cum discussion methods.

- Post test by using same structured interview schedule used for pre test to assess the effectiveness of planned teaching program on selected temporary contraceptive methods.

Output

The output refers to matter energy and information that leave a system. The information received in terms of gain in knowledge obtained through the processing of the post test. It will be received in the form of post test knowledge scores.

Feed back

The feed back refers to the output that is returned to the system that allow it to monitor itself overtime in an attempt to more closer to a state known as equilibrium or homeostasis feed back may be positive, negative or neutral.

In this Research the feed back is positive Responses are indicated by gain in knowledge and scores.

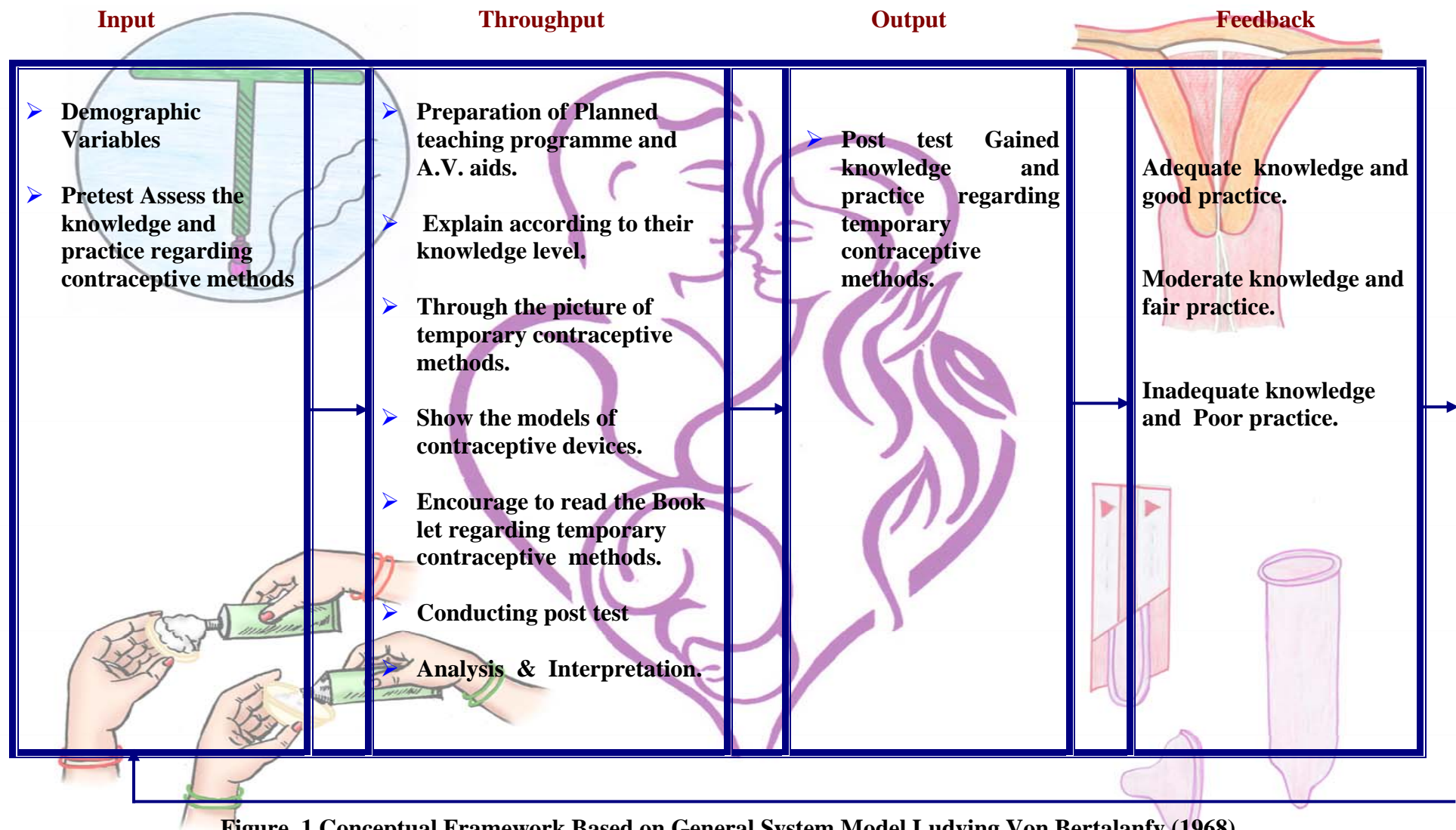


Figure. 1 Conceptual Framework Based on General System Model Ludvig Von Bertalanffy (1968)

CHAPTER - III

Methodology

The Methodology research indicates the general pattern of organizing the procedure for gathering valid and reliable data for an investigation. It includes research design, setting of the study, variables population, sample size, sampling technique, Criteria for the selection of sample, description of the tool, content validity, reliability, pilot study, procedure of data collection and plan for data analysis.

Research Design

The Research design helps the researcher in the selection of subjects manipulation of experimental variables procedure of data collection and the type of statistical analysis to be used to interpret the data. The Research design was pre experimental one group pre test, post test, design was adopted in the study. In the present study a pre test was administered by means of questionnaire method depicted as O₁, and then a planned teaching programme was delivered depicted as X. A post test was conducted by using the same questionnaire depicted as O₂.

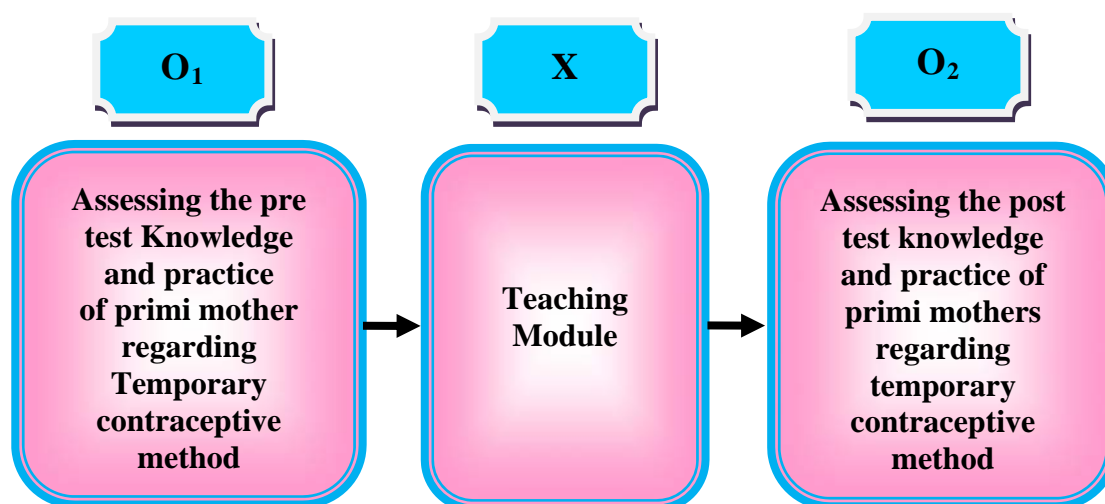


Figure. 2 The Schematic Representation of the Study Design

Setting of the Study

The study was conducted among the primi Mothers who had undergone normal delivery at Primary Health Center, kovilpalayam, Coimbatore.

Variables

Independent variable was planned teaching programme on Temporary contraceptive method for Primi Mothers. The dependent variable was knowledge and practice of Primi Mother regarding Temporary contraceptive method. The influencing variables are demographic variables.

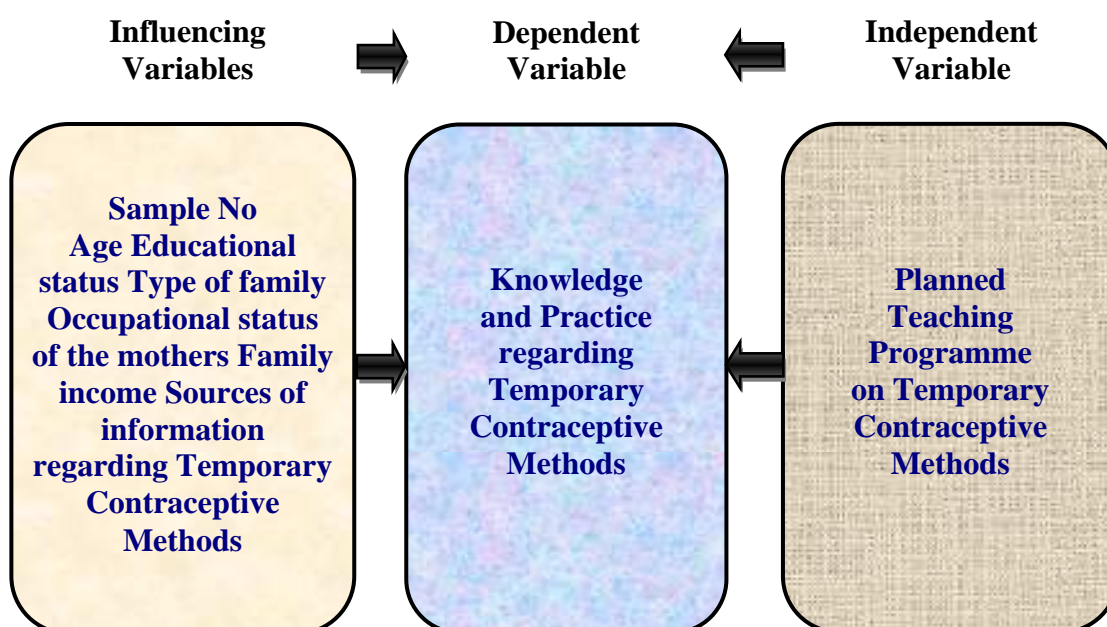


Figure. 3 The Schematic Representation of Relationship of Variables

Population

The population of the study includes the primi mothers who was in Primary Health Center at Kovilpalayam.

Sample Size

The sample size included for the study consists of 40 primi mothers.

Sampling Technique

Non-probability convenient sampling technique was used to select the samples. The Primi Mothers who fulfilled the sample criteria were selected till the sample size was obtained for the present study.

Criteria for the Selection of Samples

Inclusive Criteria

- Primi Mothers
- Primi Mothers living in rural area
- Mothers willing to participate in the study
- Understand and speak Tamil

Exclusive Criteria

- Multi Mothers
- Not willing to participate in the study
- Mother adopted permanent family planning method
- Urban Primi Mothers
- Medical or Nursing professional
- Mothers who are selected for pilot study

Description of the Tool

The researchers have developed an interview schedule after reviewing the literature and considering the opinion of medical and Nursing subject experts, to measure the knowledge and practice regarding on Temporary contraceptive Methods.

Part - A Distribution of Demographic Variables

It includes the sample number, age of the samples, educational status, type of family, occupational status of the Mother, family income, and sources of information regarding temporary contraceptive methods.

Part - B Questions Regarding Knowledge

It consist of 25 questions related to assessment of the knowledge of Primi Mothers regarding temporary contraceptive Methods.

Interpretation of the Questionnaire

Each question had one correct answer and was given score of one mark, for wrong answer a score of Zero was given. The total score allotted for this section was 25.

Part - C Questions Regarding Practice

It consists of 15 questions related to assessment of practice of Primi Mother regarding temporary contraceptive methods.

Interpretation of the Questionnaire

One mark, was given for 'yes' answer and zero mark for 'No' answer. The total score allotted for this section was 15.

Testing of the Tool

Content Validity

The interview Schedule was given to five experts specialized in obstetrics and Gynaecology and the researcher met the expert for clarifications in various aspects of the research tool. Some Modifications were made according to the expert suggestions.

Reliability of the Instrument

The main objective of the pilot study was to ensure the reliability of the interview Schedule, was found out by Spearman brown split-half technique.

Table. 1 Showing Reliability for Temporary Contraceptive Method Interview Schedule

Item	Split half reliability
Temporary Contraceptive method interview Schedule	0.9

The reliability of the tool was satisfactory.

Pilot Study

The Pilot study was conducted to test the reliability content validity and practicability of the tool. Pilot study was conducted for 7 days. The area selected was the primary Health Center at kovilpalayam, Coimbatore. Four primi mothers were selected during the pilot study . The knowledge and practice regarding temporary contraceptives methods were assessed with the prepared questionnaires. The education module was prepared to enhance the knowledge and practice regarding

temporary contraceptives methods. Health education was given with the help of flashcards and pamphlets were distributed. The results of the pilot study showed that there was positive correlation between knowledge and practice.

Data Collection Procedure

Prior permission was obtained from the Medical Officer of Primary Health Centre, kovilpalayam by submitting an application giving assurance to abide by the rules and regulations. The study was done for a period of 4 weeks .The investigator identified the Mother who fulfilled the inclusion criteria. The mothers were explained about the purpose of the study in a compassionate manner and informed consent was taken. Necessary precautions were taken to provide privacy and confidentiality.

In pre-test the knowledge and practice of mothers regarding temporary contraceptive methods was assessed following pre test by using the same questionnaire. On the same day structured teaching module was educated by demonstration of flashcards and pamphlets. Post test was conducted on the 5th day by using the same questionnaire to find out the effectiveness.

Plan for Data Analysis

Data was planned to be analysed by using descriptive and inferential statistics. Descriptive statistics were used to analyse the frequency, percentage, mean standard deviation of the following variables.

- Demographic variable of primi mother
- Knowledge regarding temporary contraceptive methods.
- Practice regarding temporary contraceptive methods.

Inferential statistics were used to determine the relationship and comparison to identify the difference.

- 't' test was used to compare the knowledge and practice regarding temporary contraceptive Method.
- Chi square 't' test was computed to find out the association between knowledge and practice with selected demographic variables.

CHAPTER - IV

Data Analysis and Interpretation

The Collected data regarding the knowledge and practice regarding temporary contraceptive method followed by the primi mother who had admitted in primary Health Center at Kovilpalayam.

The study findings based on the description and inferential statistical analysis are presented as follows;

Section 1 : Description of demographic variables.

Section 2 : Distribution of statistical value of pre-test and post test knowledge and practice on Temporary Contraceptive Methods.

Section 3 : Co-efficient of variation for the level of knowledge and practice on Temporary Contraceptive Method

Section 4 : Correlation between knowledge and practice scores regarding temporary contraceptive method in pretest and post test

Section 5 : Association of demographic variable with level of knowledge on temporary contraceptive methods

SECTION - I

Table. 2 Distribution of Demographic Data

(n = 40)

S.No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	Age a) 22-24 years b) 25-26 Years c) 27-28 Years	5 29 6	12.5% 72.5% 15%
2.	Religion a) Hindu b) Muslim c) Christian	40 0 0	100% 0 0
3.	Family Type a) Nuclear b) Joint c) Relatives	31 9 0	77.5% 22.5% 0
4.	Education Status a) Primary b) Secondary	36 4	90% 10%
5.	Occupation of the mother a) Unemployed b) Employed	40 0	100% 0
6.	Monthly family Income a) ₹. 1500 - ₹. 2000 b) ₹. 2001 - ₹. 4000	23 17	57.5% 42.5%
7.	Source of information regarding temporary contraceptive methods a) Media b) Friends c) Relatives d) Medical person	20 1 10 9	50% 2.5% 25% 22.5%

Table -2 depicts that distribution of age of primi mother 5 (12.5%) are coming under 22-24 years, 29 (72.5%) are under 25-26 years and remaining 6 (15%) coming under 27-28.

Regarding Religion all the primi Mothers 40 (100%) belongs to Hindu religion.

Regarding type of family 31 Mothers (77.5%) live in nuclear family and 9 mothers (22.5%) live is a joint family.

Regarding education of Mothers out of 40, 36 (90%) have education upto primary level. 4(10%) have education upto Secondary level.

Regarding occupation all the Primi Mothers 40 (100%) are unemployed.

Regarding monthly family income 23 (57.5%) had an income ₹. 1500 - ₹. 2000 per month, and 17 (42.5%) earn ₹. 2001 - ₹. 4000 per months.

Regarding Temporary Contraceptive method 20(50%) Mothers obtained information from media, 1 (2.5%) Mother from relatives and remaining 10 (25%) from the medical person.

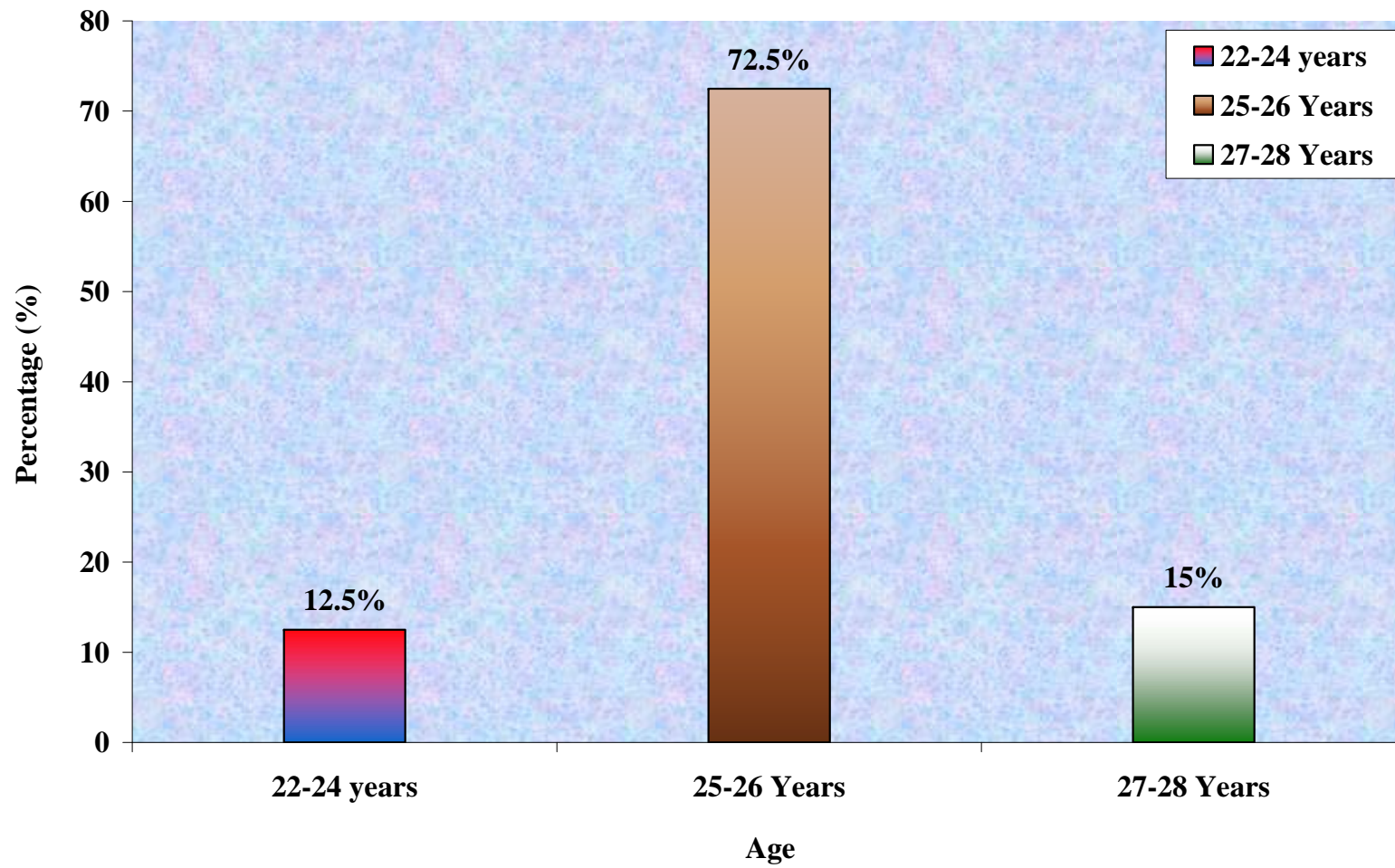


Figure. 4 Percentage Distribution Demographic Variables of Primi Mothers According to Age

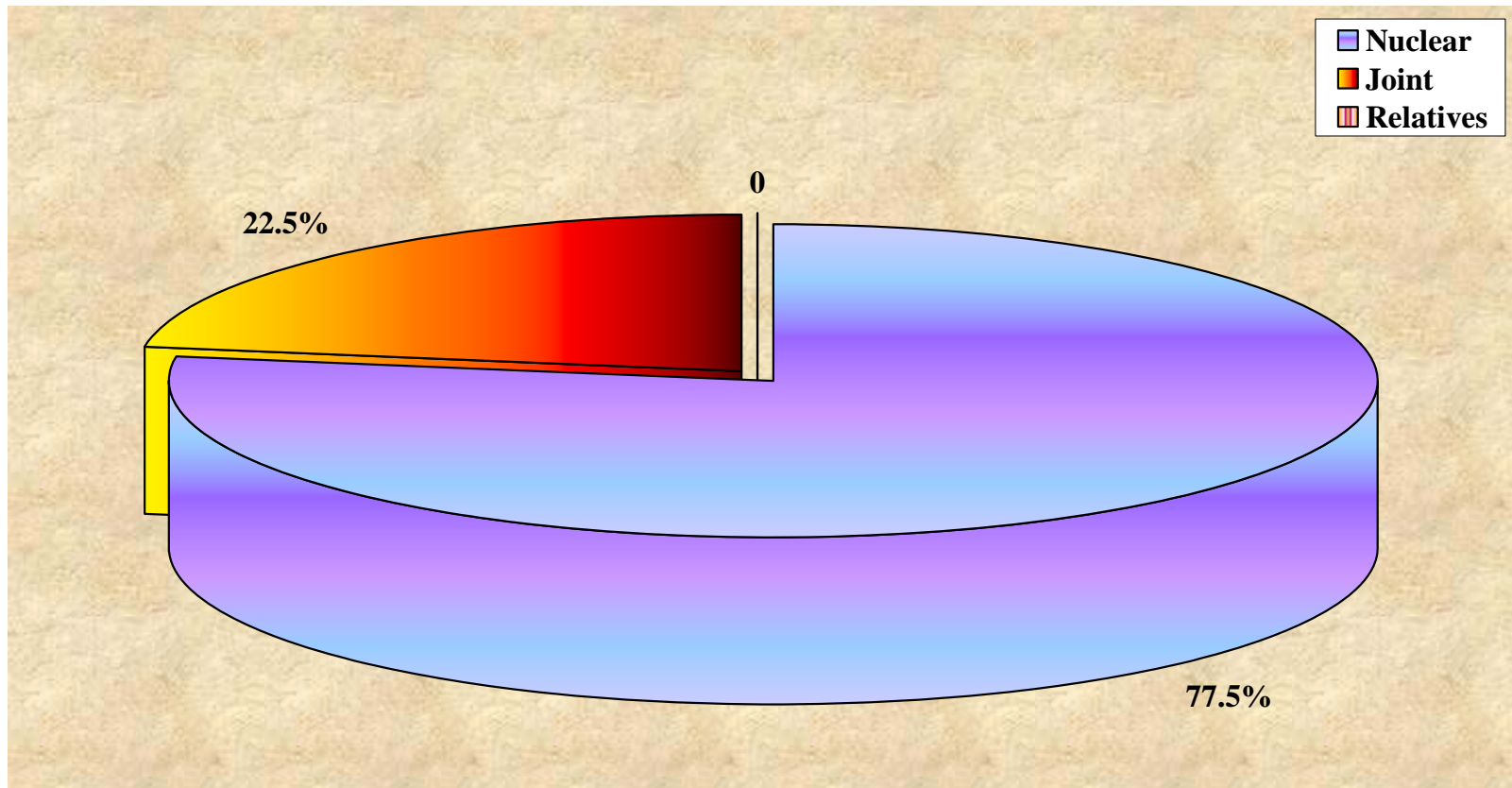


Figure. 5 Percentage Distribution Demographic Variables of Primi Mothers According to Type of Family

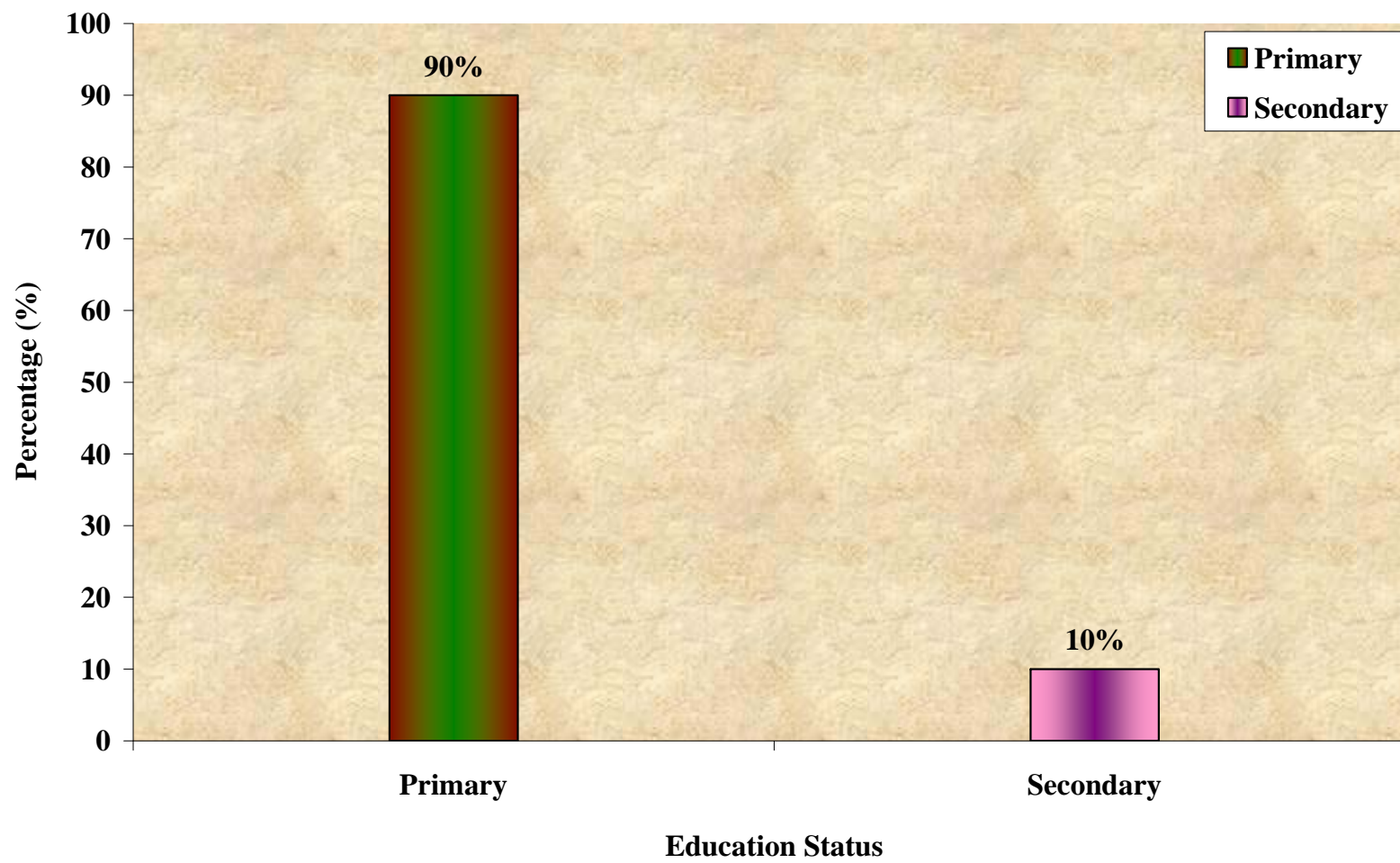


Figure. 6 Percentage Distribution Demographic Variables of Primi Mothers According to Education

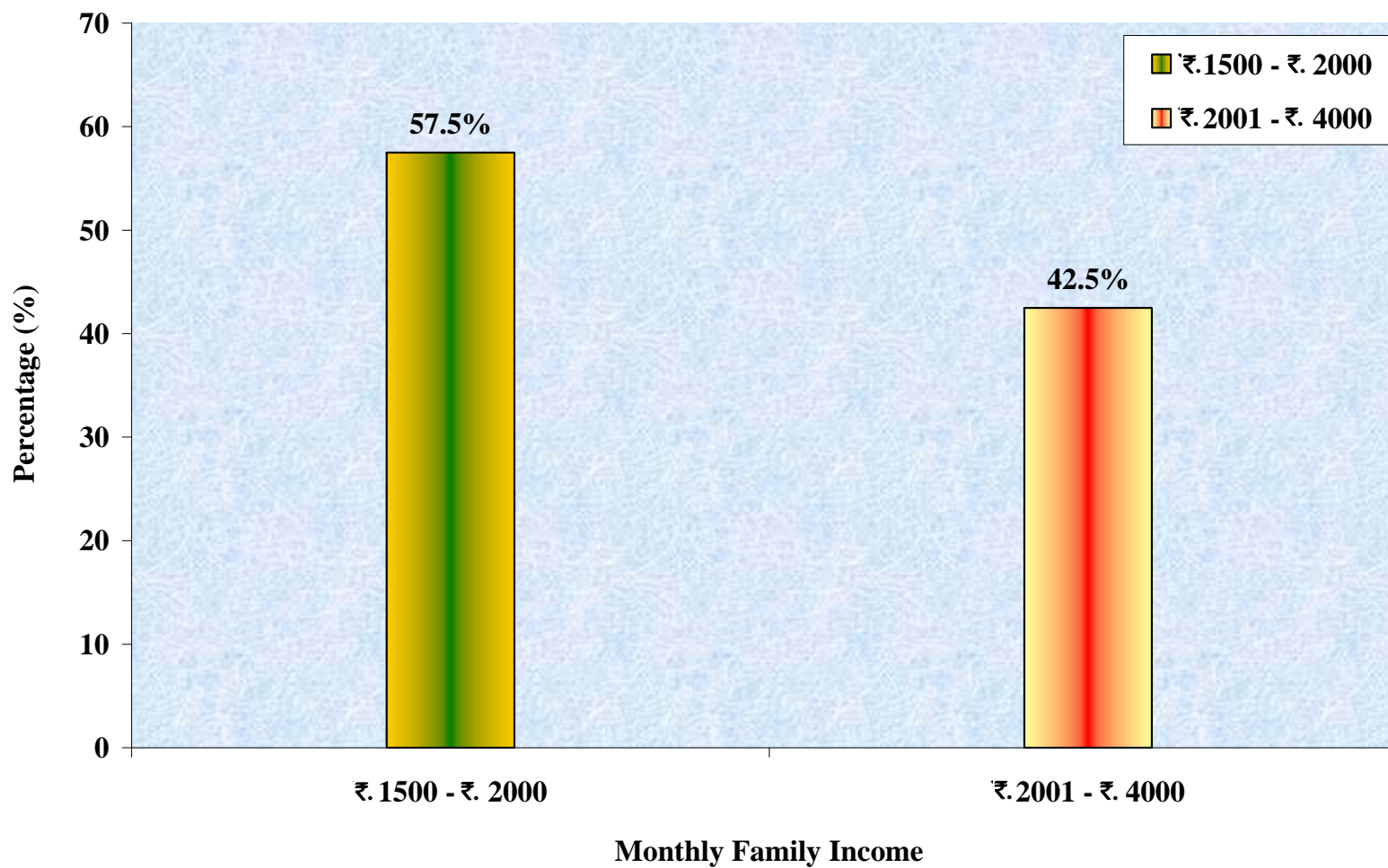


Figure. 7 Percentage Distribution Demographic Variables of Primi Mothers According to Family Monthly Income

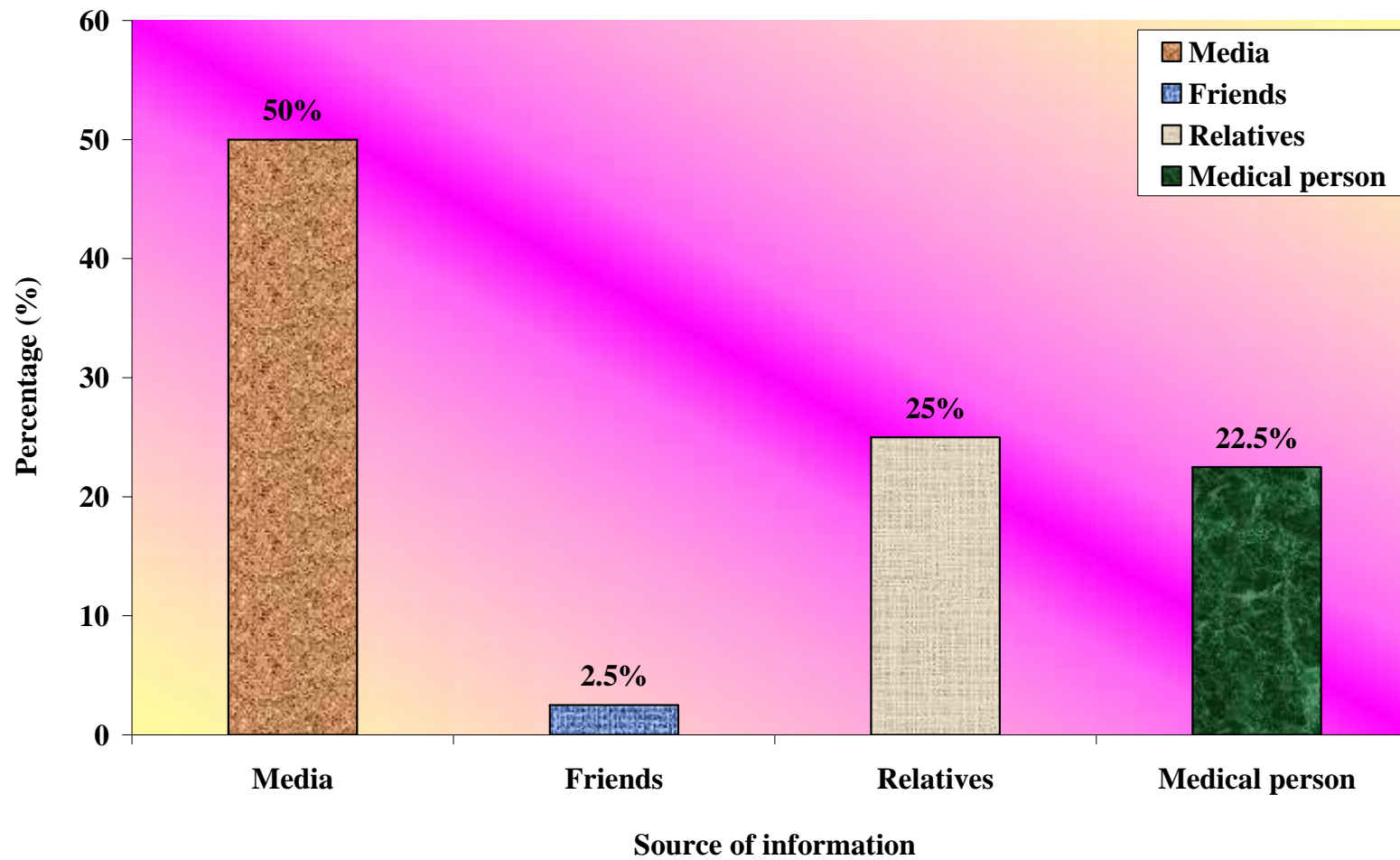


Figure. 8 Percentage Distribution Demographic Variables of Primi Mothers According to Sources of Information

SECTION - II

Table. 3 Distribution of Statistical Value of Pre-test and Post Test Knowledge on Temporary Contraceptive Methods

(n = 40)

S. No.	Knowledge	Mean	S.D	't' Value	Level of Significance
1.	Pre test	6.45	3.34	33.0	0.05
2.	Post test	24.5	0.59		

The table (3) shows the table of 't' 1.694 at $p=0.05$ for 39 degree of freedom and calculated value of 't' = 33 which is greater than the table value. This shows that there is a significant difference on knowledge regarding temporary contraceptive method before and after delivering health education. Hence alternative hypothesis is accepted.

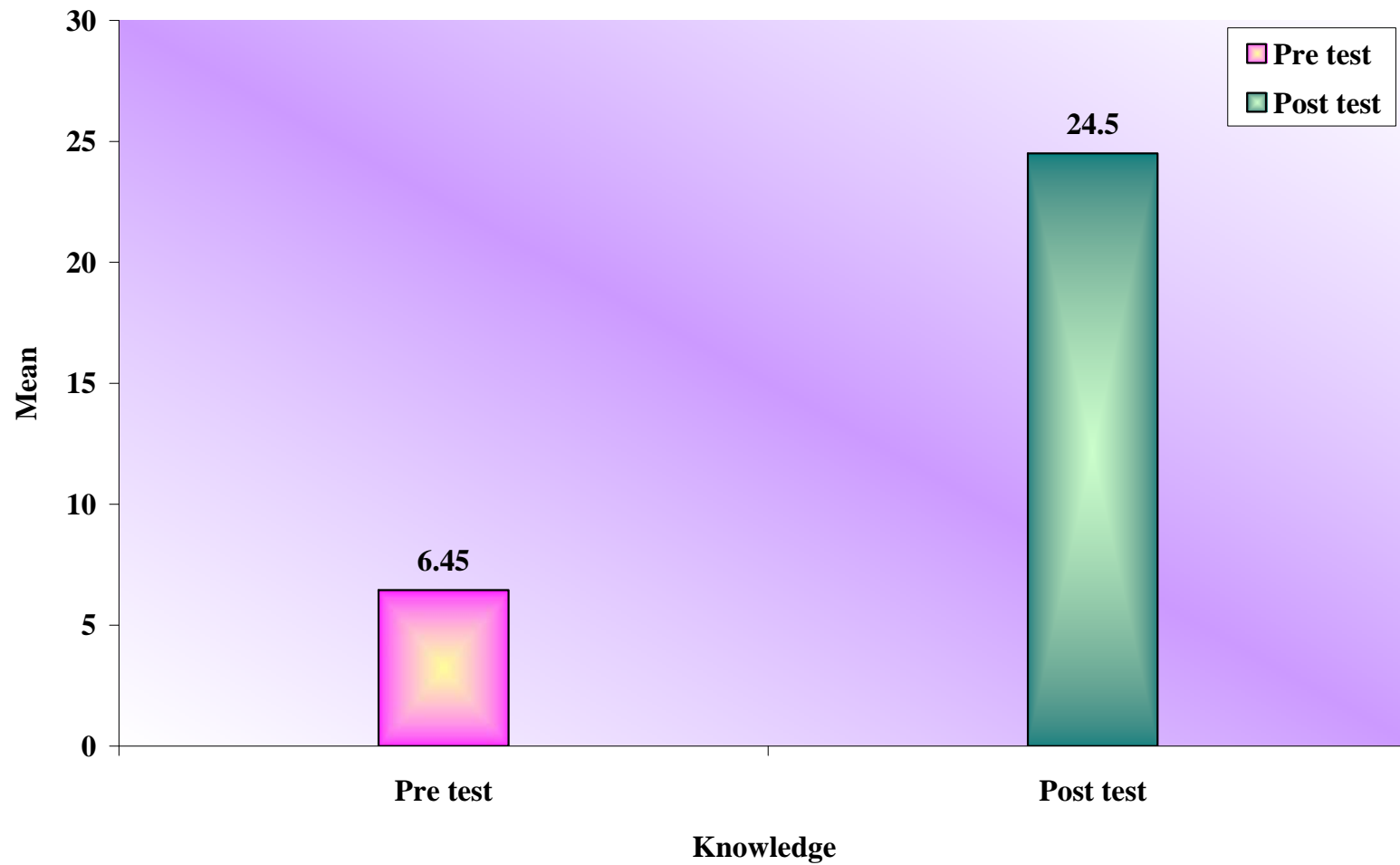


Figure. 9 Level of Knowledge in Pretest Post Test on Temporary Contraceptive Methods

Table. 4 Distribution of Statistical Value of Pretest and Post Test Practice on Temporary Contraceptive Method

(n = 40)

S. No.	Knowledge	Mean	S.D	't' Value	Level of Significance
1.	Pre test	0.12	3.3	37.0	0.05
2.	Post test	4.9	0.7		

Table (4) shows the table value of 't' = 1.694 at P = 0.05 for 39 degree of freedom and calculated value of 't' = 37 which is greater than the table value. This shows that there is a significant difference on practice regarding Temporary Contraceptive Method before and after delivering health education. Hence, alternative hypothesis is accepted.

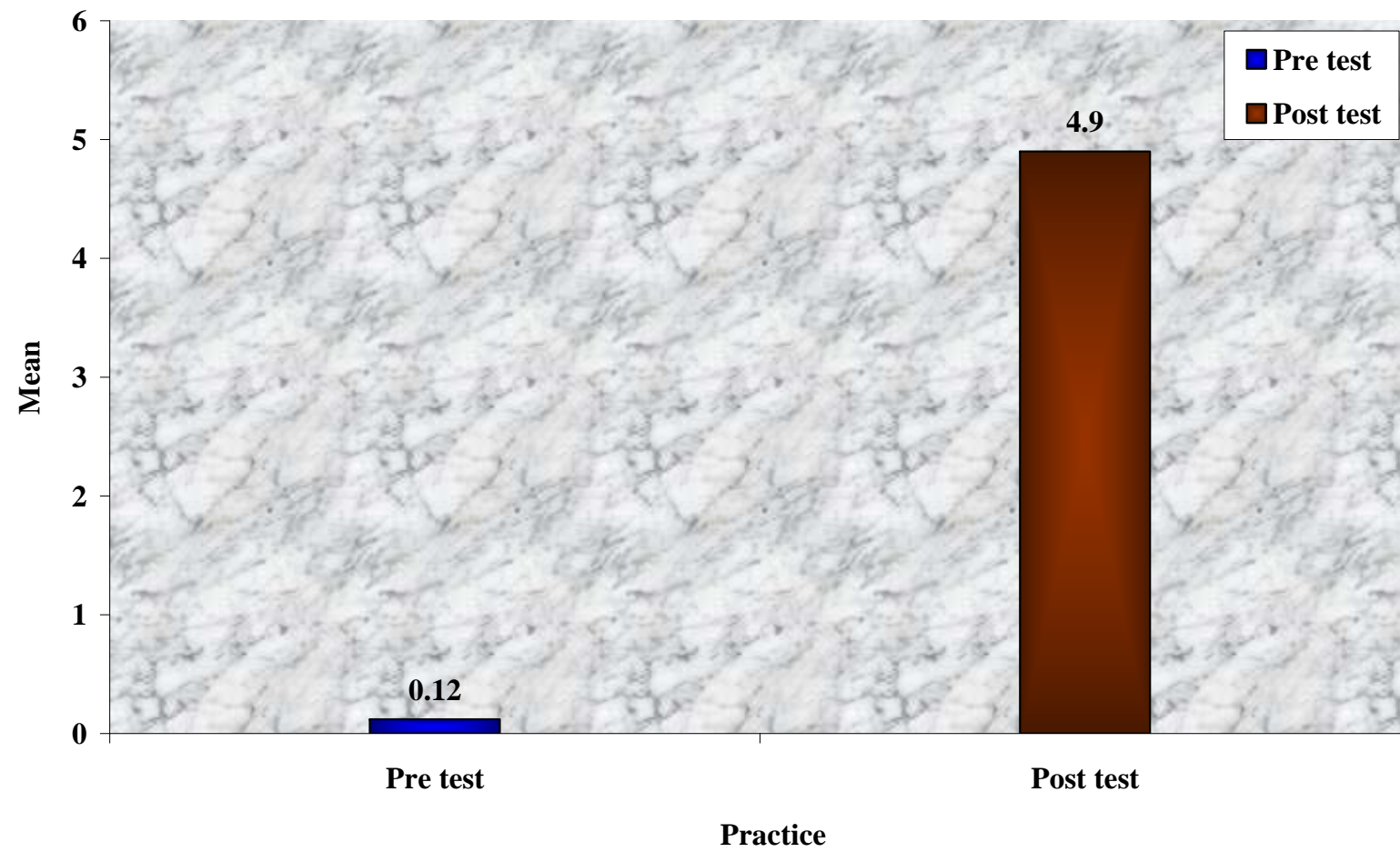


Figure. 10 Level of Practice in Pretest and Post Test on Temporary Contraceptive Methods

SECTION - III

Table. 5 Co-efficient of Variation for the Level of Knowledge on Temporary Contraceptive Method

(n = 40)

S. No.	Knowledge	Mean	S.D	CV
1.	Pre test	6.45	3.3	51.7%
2.	Post test	24.5	0.59	2.4%

Table 5 Shows Co-efficient of variation between pre test knowledge and post test knowledge scores. The post test score (2.4) was less than the pretest score (51.7). This shows that the post test knowledge score was consistent.

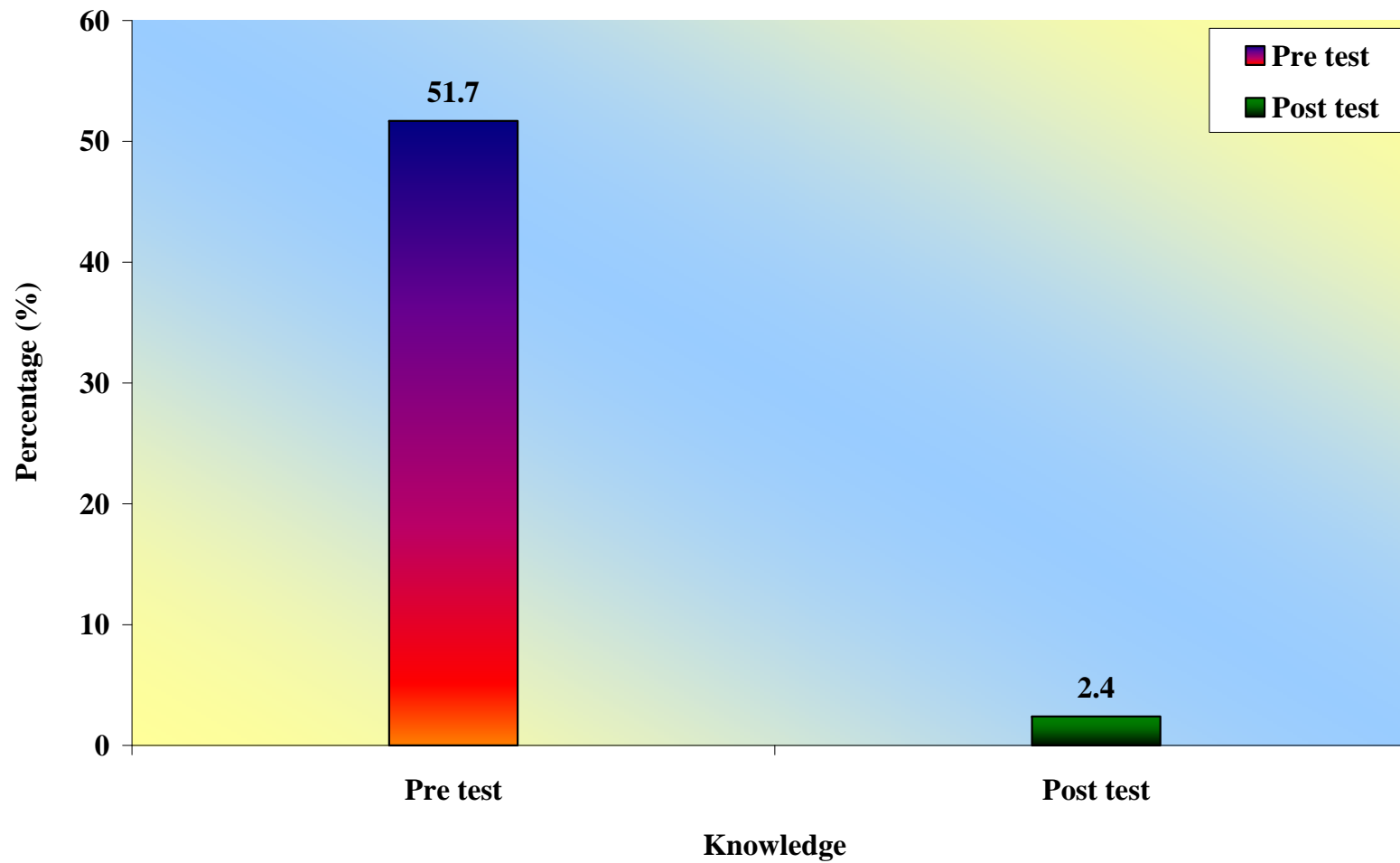


Figure. 11 Co-efficient Variation of Knowledge in Pretest and Post Test

Table. 6 Co-efficient of Variation for the Level of Practice on Temporary Contraceptive Method

(n = 40)

S. No.	Practice	Mean	S.D	CV
1.	Pre test	0.12	3.3	25.0%
2.	Post test	4.9	0.7	14.2%

Table 6 shows Co-efficient of variation between pre test practice and post test practice score. The Post test score (14.2) was less than the pre test score (25) this shows that the post test practice score was consistent.

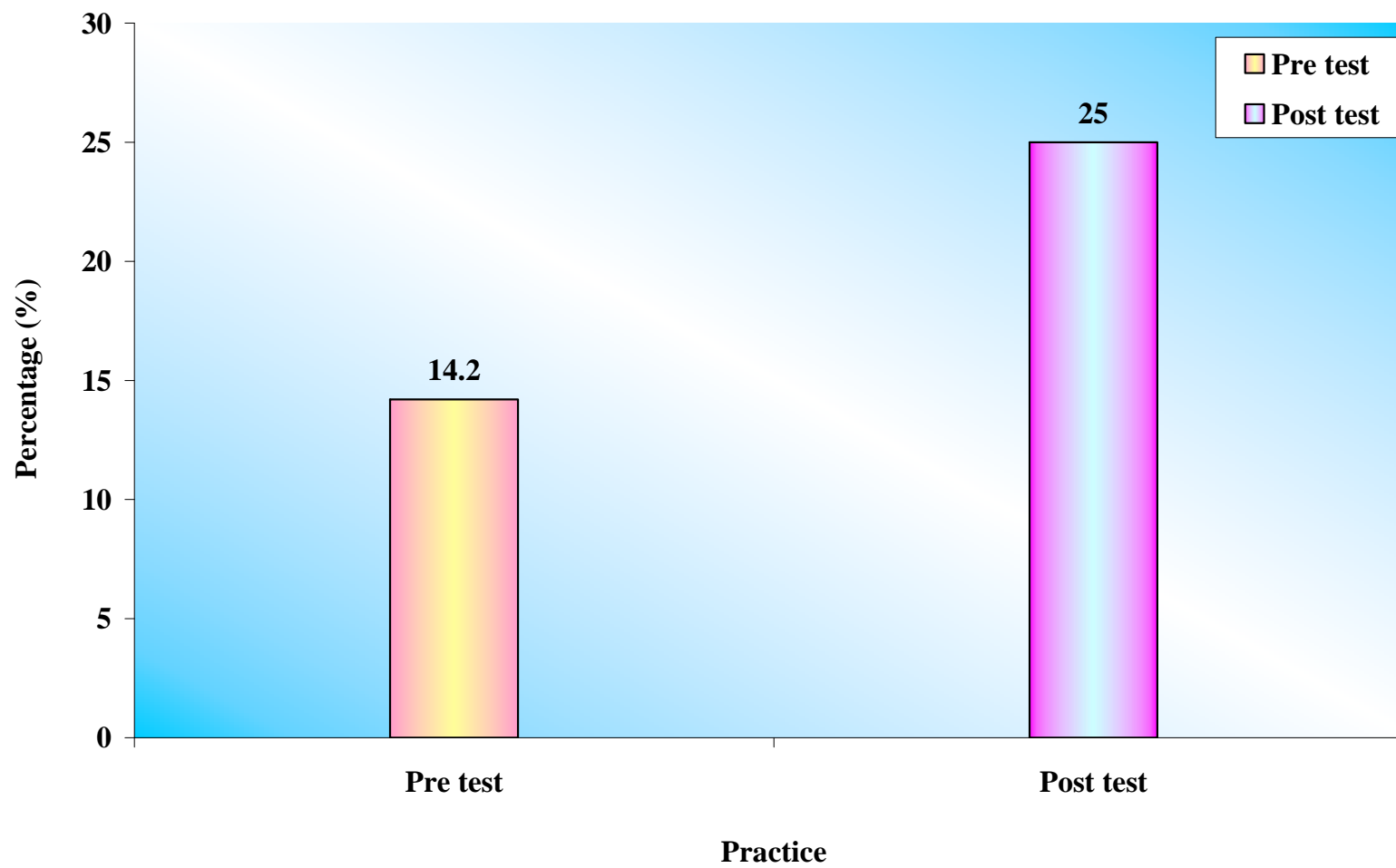


Figure. 12 Co-efficient of Variation for the Level of Practice on Temporary Contraceptive Method

SECTION - IV

Table. 7 Correlation Between Knowledge and Practice Scores Regarding Temporary Contraceptive Method in Pretest

(n = 40)

S. No.	Pretest	Mean	S.D	'r'
1.	Knowledge	6.4	3.34	0.4
2.	Practice	0.12	3.3	

Table 7 shows there was a very low level positive relation between knowledge and practice in pre test.

Table. 8 Correlation Between Knowledge and Practice Scores Regarding Temporary Contraceptive Method in Post Test

(n = 40)

S. No.	Pretest	Mean	S.D	'r'
1.	Knowledge	24.5	0.59	0.8
2.	Practice	4.9	0.7	

Table 8 Shows there was a very low level positive relation between knowledge and practice in post test.

SECTION - V

Table. 9 Association of Demographic Variable with Level of Knowledge on Temporary Contraceptive Methods

(n = 40)

Variables	Adequate	Moderately Adequate	Inadequate	χ^2 Value
Age				
a) < 25 Years	-	2	2	0.36
b) > 25 years	-	-	6	N.S

Table 9 despites with regard to age group the calculated ' χ^2 ' value is 0.36 which is less than the table value = 5-9 at P = 0.05 level of significance. The results reveal that there is no significant association between age and knowledge.

Table. 10 Association of Demographic Variable of Education in Knowledge of Temporary Contraceptive Methods

(n = 40)

Variables	Adequate	Moderately Adequate	Inadequate	χ^2 Value
Education				
a) Primary	-	-	34	11.88
b) Secondary	-	2	4	S

S- Significant

With regard to educational status of the mothers the calculated ' χ^2 ' value is 11.88 which is greater than the table value = 5.9 at P = 0.05 level of significance. The results reveal that there is a significant association between educational status and knowledge.

Table. 11 Association of Demographic Variable of Family Type in Knowledge of Temporary Contraceptive Methods

(n = 40)

Variables	Adequate	Moderately Adequate	Inadequate	χ^2 Value
Type of family				
a) Joint	-	-	9	0.6
b) Nuclear	-	2	29	N.S

With regard to type of family the calculated ' χ^2 ' value is 0.6 which is less than the table value = 5.9 at P – 0.05 level of significance. The results reveal that there is no significant association between family type and knowledge.

Table. 12 Association of Demographic Variable with Level of Practice Scores in Pretest

(n = 40)

Variables	Adequate	Moderately Adequate	Inadequate	χ^2 Value
Age				
a) < 25 Years	-	2	34	0.05
b) > 25 years	-	-	6	N.S

Despites with regard to age group, the calculated ' χ^2 ' value is 0.1 which is less than table value 1.685 at P : 0.05 level of significance the results reveal that there is no significant association between age and practice scores.

Table. 13 Association of Demographic Variable of Education with Level of Practice Scores in Pretest

(n = 40)

Variables	Adequate	Moderately Adequate	Inadequate	χ^2 Value
Education				
a) Primary	-	-	36	0.05
b) Secondary	-	-	4	N.S

With regard to educational status of the Mothers, the calculated ' χ^2 ' value is 1 which is less than table value 1-685 at P : 0.05 level of significance the results reveal that there is no significant association between education and practice scores.

Table. 14 Association of Demographic Variable of Family with Level of Practice Scores in Pretest

(n = 40)

Variables	Adequate	Moderately Adequate	Inadequate	χ^2 Value
Type of family				
a) Joint	-	-	9	0.05
b) Nuclear	-	-	31	N.S

With regard to type of family the calculated ' χ^2 ' value is 0.6 which is less than the table value = 5.9 at P = 0.05 level of significance. The results reveal that there is no significant association between family type and practice.

CHAPTER - V

Results and Discussion

The purpose of the study is to assess the knowledge and practice of Primi Mothers regarding temporary contraceptive methods at kovilpalayam.. The results and discussion of the study is based on the findings obtained from the statistical analysis and interpretations in the previous chapter.

First Objective is to Assess the Knowledge and Practice of Primi Mother Regarding Temporary Contraceptive Methods

The Pre-test is conducted by using structured interview method, Pre-test findings reveals that the mothers have inadequate knowledge regarding temporary contraceptive methods. Among the selected aspects the mean value was low (6.45) in regard to knowledge on Temporary Contraceptive methods in the pre test. This results reveal that the women were unaware of Temporary Contraceptive methods due to inadequate knowledge regarding temporary contraceptive method.

The pre-test findings of practice reveals that majority of the mothers had low practice in the Temporary Contraceptive methods this reveals that utilization of Temporary Contraceptive methods service has to be further increased through health education and publicity.

The post test is conducted by using the same structured interview method for the primi mothers. The data findings shows that there is an improvement in knowledge and practice regarding Temporary Contraceptive methods by delivering

health education. From the above findings, it is clear that repeated health education programme, reinforcement and encouragement can enhance the knowledge and practice of Primi Mothers regarding Temporary Contraceptive methods.

A study was conducted to assess the effectiveness of structured teaching programme on Temporary contraceptive method in selected Maternity center in Madurai. Quasi experimental design was used to select 40 primi mother as sample. A structured interview schedule was used to assess the knowledge of mothers and assess the practice of mothers regarding Temporary contraceptive method. They were given a pre test and Post test. The findings of study showed that there was significant difference in post test knowledge score of the experimental correlation between knowledge and practice (Sumathi, 2001).

The effectiveness of planned teaching programme on Temporary contraceptive method among primi mothers in Bangalore was studied. Quasi experimental design was used as the convenient sampling technique to select the samples. Pre-Test and Post test was given for the groups structured interview schedule to assess the knowledge on Temporary contraceptive method and assess the practice on mothers regarding Temporary contraceptive method. The findings of the study showed that there was significant difference in post test knowledge score between pretest knowledge and practice score. (Renuka, 2001).

The Second Objective of the Study was to Deliver Structure Teaching Programme Among Primi Mother Regarding Temporary Contraceptive Methods

Temporary contraceptive methods were explained to the primi mothers and showed the samples also. The results shows the primi mothers gained knowledge regarding the temporary contraceptive methods.

The Third Objective is to Reassess the Knowledge and Practice of Primi Mothers Regarding Temporary Contraceptive Methods

The paired 't' test (3, 4) is used to evaluate the effectiveness of teaching by comparing the pre-test and post –test scores of knowledge and practice. It was found that the calculated value of 't' is (33,37) greater than the expected value which indicates that there is a significant difference between pre-test and post-test scores of Temporary Contraceptive methods with regard to knowledge and practice. Therefore the null hypothesis is rejected. The increase in post-test score was due to structured teaching programme.

The Fourth Objective is to Find Out the Correlation Coefficient of Knowledge With Practice Scores

The table 7 shows that the correlation of knowledge with practice score of primi mothers. It shows that the mean in the pre-test knowledge as 6.4 (SD = 3.34) and pre test practice was 0.12 (s=3.3). The 'r' value of pre test shows positive correlation of knowledge with practice.

Table 8 shows that, in Post-test the knowledge mean was 24.5 (SD = 0.59) and practice mean was 4.9 (SD=0.7). The 'r' value of Post test 0.08 shows positive correlation of knowledge with practice.

The Fifth Objective is Association of Level of Knowledge and Practice with Selected Demographic Variables

In association with the level of knowledge with selected demographic variables, table 9 shows that there is a significant association between educational status of mother with knowledge level, but other shows that there is no significant relationship with the demographic variables.

In association level of practice with selected demographic variables table 12 shows that there is no significant relationship with demographic variables.

CHAPTER - VI

Summary, Conclusion, Nursing Implication,

Limitations and Recommendation

The main focus of the study was to assess the knowledge and practice of Temporary contraceptive methods among primi mothers at Primary Health Centre, kovilpalayam, by delivering health education regarding temporary contraceptive methods.

Objectives

- To assess the knowledge and practice of temporary contraceptive methods among primi Mothers.
- To deliver the structured teaching programme on temporary contraceptive methods among primi Mothers.
- 3. To evaluate the structured teaching programme on temporary contraceptive methods among primi Mothers.
- To correlate the relationship between knowledge and practice of temporary contraceptive methods among prime Mothers.
- To find out significant association between knowledge and practice with selected demographic variables.

One group pre test, post test experimental design was adapted in the study. Primi mothers who had admitted for delivery in Primary Health Centre, kovilpalayam, were considered as the population for the study. Sample size was 40, Non-Probability convenient sampling technique was used to select the sample.

The data was collected by questionnaire method which includes demographic data, closed ended questionnaire to assess the knowledge and practice regarding temporary contraceptive method. Descriptive statistics was used to analyses the frequency, mean and standard deviation of demographic variables, knowledge and practice. Inferential statistics was used to determine comparison, correlation and association.

The Pre-test score was less in knowledge and practice regarding temporary contraceptive methods among primi mothers. Education was given about various aspects of temporary contraceptive methods . The findings of the study revealed that there is an improvement in the post test knowledge and practice scores. Positive correlation was seen between knowledge and practice scores.

Major Finding of the Study

- All the primi mother are in Hindu Community (100%)
- All the primi mother are in Unemployed (100%)
- Most of the primi mothers got information through the media (50%)
- Majority of the mother are in primary education (90%)
- Majority of the mother in Nuclear family (77.5%)
- Majority of the mother in the age of 20 – 25 yrs (72.5%)
- The pre test mean score of knowledge among primi mothers regarding temporary contraceptive method was 6.45 and in post test was 24.5%
- The pre test mean score of practice among primi mother regarding temporary contraceptive method was 0.12 and in post test was 4.9
- There is a significant present in the education.

Null Hypothesis

There is a no significant difference between pre test and post test knowledge and practice scores regarding temporary contraceptive methods among primi mothers.

Conclusion

- Knowledge of the primi mother regarding temporary contraceptive method significantly improved after structured teaching programme
- This study revealed that there was no association between the age, family type, source of information, occupation of the primi mother with the pre test knowledge score.
- This study showed that there was an association between the education of the mother with the post test knowledge score.

Nursing Implications

Some of the implication from the present study in various areas of nursing are the following aspects:

Nursing Practice

- Health education is an important aspect of nursing practice.
- For effective health education, the nurses should gain an understanding of primi mother's knowledge.
- Understanding of primi mothers practice.
- Educative role of the nurse could be implemented.

Nursing Education

- The curriculum is responsible for preparing the future with more emphasis on preventive and promotive health practice.
- The result of the study emphasizes the need for correlating the concepts in order to understanding and advice
- The nurse who follow these measures in a holistic manner will be able to provide comprehensive care to the mother.

Nursing Administration

- The nursing administrator who is the member in the planning committee must provide suggestings to have interdepartmental, intra departmental and extra departmental communication for the development of design, and layout a maternity unit.
- The nurse administrator should take interest in disseminating the information through instructional materials such as pamphlet, posters, models booklet that impact health information to the mother.
- The health education in the nursing service department can be facilitated by the data obtained from the study.

Nursing Research

- The exploratory survey provides base line data for conducting other research studies.
- The researcher may have to take up a role in preparing the primi mother regarding temporary contraceptive method which includes designing

management steps through scientific rational and facts from critical reasoning.

- The nurse researcher can narrow down the present research topic into more precise and crystal clear, as discomfort of mother in the scientific body system and its effect on mother can be studied.

Limitations

- The limitations of the study were
- Regarding sampling technique, the researcher had planned to use random sampling but it was not possible hence non – probability purposive sampling was used.
- Sample size is 40 only, hence the findings cannot be generalized.

Recommendation

- A study can be conducted with a larger sample size to confirm the results of the study.
- A Comparative study can be conducted in rural and urban settings on temporary contraceptive methods.
- A similar study can be conducted by using experimental and control group.
- Temporary contraceptive health education module can be given to all the primi gravida mothers during their visit.
- A similar study can be conducted in Hospital.
- Educational programme on Temporary Contraceptive Method can be conducted for the family members also.

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ABSTRACT

A study to assess the knowledge and practice of temporary contraceptive methods among primi mother in kovilpalayam, Coimbatore.

The Objectives of the Study were

- To assess the knowledge and practice of temporary contraceptive methods among primi Mothers.
- To deliver the structured teaching programme on temporary contraceptive methods among primi Mothers.
- To evaluate the structured teaching programme on temporary contraceptive methods among primi Mothers.
- To correlate the relationship between knowledge and practice of temporary contraceptive methods among primi Mothers.
- To find out significant association between knowledge and practice with selected demographic variables.

The conceptual frame work of the study was based on Von Bertalanffy, 1968 the general system theory.

Non equivalent control group pre-test, post-test design as quasi experimental design used to assess the knowledge of temporary contraceptive method among primi mothers. Non probability purposive sampling technique was used to select 40 sample.

The knowledge and practice was assessed by pre test questionnaire. Teaching on temporary contraceptive methods was given with the help of audio visual aids,

pamphlet, booklet, flash card, samples. Descriptive and inferential statistics were used to analyse the data.

The Findings of the Study Revealed that

- Post test mean score of knowledge and practice was significantly higher than the pre test. It shows significant improvement in the Temporary contraceptive method knowledge and practice.
- There is an significant association between knowledge with demographic variable such as education.

Based on the Findings Several Recommendations were made

- A similar study can be conducted for a larger group on a long term basis.
- A similar study can be done in urban settings
- This study is done with primi mothers further studies can be conducted with permanent method.

Structured Questionnaire Schedule on Temporary Contraceptive Method

Description of Tool

Questionnaire was structured into three sections

Section – I

Deals with demographic data which include variables like age, religion, type of family, mother's education, monthly income, occupation, residence, husband and family idea etc.,

Section – II

This section consists of questionnaire assessing the knowledge of temporary contraceptive method of primi mothers. This section has 25 multiple choice questions.

Interpretation of Questionnaire

Each correct answer carries one mark. Wrong answer carries zero mark. Total score allotted for this section is 25 marks.

Section – III

This section consists of checklist regarding temporary contraceptive method practice. Total score allotted for this section is 15 marks.

Instruction to Participants

Dear participants, there are three section in the questionnaire. You are requested to answer all items. This information will be treated as confidential. Kindly put a ✓ mark to the answer. You feel correct in the specific columns mentioned to the right side of the questionnaire.



P.P.G COLLEGE OF NURSING

(A Unit of P. Perichi Gounder Memorial Charitable Trust)

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(Recognised by Indian Nursing Council)

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Through

The Principal,

PPG College of Nursing

Coimbatore – 35.

Respected Sir,

Sub : Seeking permission for conducting research study

I am a student of M.Sc Nursing in PPG College of Nursing. Our college is affiliated to the Tamilnadu Dr. M. G. R Medical University, Chennai. I have taken the specialization in Obstetrics and Gynaecology Nursing.

**Topic : A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE OF
TEMPORARY CONTRACEPTIVE METHODS AMONG PRIMI
MOTHERS AT KOVILPALAYAM, , COIMBATORE**

I request you to kindly permit me to conduct my study in your area. Hope you will consider my requisition and do the needful.

Thanking you,

Yours sincerely,

Date :

Place : Coimbatore

Requisition Letter for Content Validity

From

M.Sc (N) II Year,
PPG College of Nursing,
Coimbatore – 35.

To

Through : Principal, PPG College of Nursing

Respected Sir/Madam,

Sub : Requisition for expert opinion and suggestion for content validity of tool

I am a student of M.Sc (N) II year, PPG College of Nursing affiliated to the Tamilnadu Dr. M. G. R. Medical University, Chennai. As a partial fulfillment of the M.Sc (N) programme. I am conducting.

**A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE OF
TEMPORARY CONTRACEPTIVE METHODS AMONG PRIMI MOTHERS
AT KOVILPALAYAM, , COIMBATORE**

Herewith I have enclosed the developed tool for content validity and for the expert opinion and possible solution. It would be very kind of you to return the same as early as possible.

Thanking you,

Yours faithfully,

PPG College of Nursing
Format for the Content Validity

Name of the expert :

Address :

Total content for the tool :

Kindly validate each tool and tick wherever applicable

S.No	No. of Tool/Section	Strongly Agree	Agree	O.K	Not Applicable	Need Modification	Remarks

Remarks

Signature of the Expert with Date

LIST OF EXPERTS

1. Prof. S.RENUKA, M.Sc.,

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2. Prof. MUMTAZ, M.Sc.,

Department of Obstetrics & Gynaecology,

Annai Meenakshi College Of Nursing,

Coimbatore.

3. Prof. CHARMINI JEBAPRIYA, M.Sc.,

Principal,

Texcity College Of Nursing,

Coimbatore.

4. Prof. ESTHER JOHN, M.Sc.,

Principal,

Ganga college of nursing,

Coimbatore.

5. Prof. SHEEBA, M.Sc.,

Department of obstetrics & gynaecology,

KG college of nursing,

Coimbatore.

SECTION – I

Demographic Data

1. Sample No. :

2. Age (in years)

a) 22 – 24 ☐

b) 25 – 26 ☐

c) 27 – 28 ☐

3. Religion

a) Hindu ☐

b) Muslim ☐

c) Christian ☐

4. Type of family

a) Nuclear ☐

b) Joint ☐

c) Extended ☐

5. Education

a) Primary ☐

b) Secondary ☐

c) Graduate ☐

d) Post Graduate ☐

6. Occupation

a) House wife ☐

b) Working ☐

7. Family income

a) ₹. 1500 – ₹. 2000 ☐

b) ₹. 2001 – ₹. 4000 ☐

c) ₹. 4001 – ₹. 6000 ☐

d) ₹. 6001 – above ☐

8. Sources of information

a) Media ☐

b) Friends ☐

c) Relatives ☐

SECTION – II

Questions Related to Assess the Knowledge of Primi Mother Regarding Temporary Contraceptives Method

1. What is the purpose of contraceptive method?
 - a) Prevent pregnancy ☐
 - b) Physical health ☐
 - c) Safety purpose ☐

2. Which method is best for contraceptive?
 - a) Barrier method ☐
 - b) Terminal method ☐
 - c) Safe method ☐

3. Which method is most widely known and used barrier device by the male
 - a) Nirodh ☐
 - b) Tablet ☐
 - c) Surgical procedure ☐

4. What is the vaginal barrier device?
 - a) Jelly ☐
 - b) Cream ☐
 - c) Diaphragm ☐

5. What are the disadvantages of diaphragm?

- a) Nil ☐
- b) Need training and Demonstration ☐
- c) Easily Acceptable ☐

6. What are the advantages of diaphragm?

- a) No risk & contraindication ☐
- b) Easily available ☐
- c) Acceptable ☐

7. What are the chemical contraceptive methods?

- a) Cream, Jelly, Paste ☐
- b) Vinegar ☐
- c) Olive oil ☐

8. What type of material in IUD?

- a) Rubber material ☐
- b) Iron material ☐
- c) Plastic material ☐

9. What is the side effect of IUD?

- a) Heavy Menstruation ☐
- b) Infection ☐
- c) Failure ☐

10. When will you use the loop?

- a) During pregnancy ☐
- b) During menstruation ☐
- c) After menstruation ☐

11. Which method is 100% effective?

- a) Hormonal contraceptives ☐
- b) Nirodh ☐
- c) Copper T ☐

12. How many pills in Mala – D package?

- a) 29 pills ☐
- b) 28 pills ☐
- c) 30 pills ☐

13. Which one is an emergency contraceptive method?

- a) Pusk – coital contraception ☐
- b) Injection ☐
- c) Tablet ☐

14. What is once –a-month pill?

- a) Long-acting ☐
- b) Terminal ☐
- c) All times ☐

15. Which one is long – term contraception?

- a) Surgical procedure ☐
- b) Nirodh ☐
- c) Norplant ☐

16. Why vaginal ring is effective?

- a) Safety method ☐
- b) Worn in vagina ☐
- c) Easy way ☐

17. Safe period is otherwise called?

- a) Calendar Method ☐
- b) Protective one ☐
- c) Easy to follow ☐

18. How will you identify ovulation method?

- a) Mucus thickness ☐
- b) Watery discharge ☐
- c) Smooth ☐

19. How the postpartum amenorrhoea occur?

- a) Lactation ☐
- b) Medication ☐
- c) Child care ☐

20. Birth control vaccine is

- a) Research Process ☐
- b) Not Available ☐
- c) Available ☐

21. Which is a simple method of birth control?

- a) Menstrual regulation ☐
- b) Safety period ☐
- c) Contraception ☐

22. What is abortion?

- a) Control birth ☐
- b) Termination of pregnancy ☐
- c) Birth control ☐

23. Which is an effective method of birth control?

- a) Complete sexual abstinence ☐
- b) Use of contraceptives ☐
- c) Surgical method ☐

24. Which one is an oldest method of voluntary fertility control?

- a) Safe period ☐
- b) Coitus interrupts ☐
- c) Hormone pills ☐

25. How many temporary contraceptive methods are available?

- a) Two method ☐
- b) Four method ☐
- c) One method ☐

SECTION – III

CHECKLIST

Questions Related to Assess the Practice of Terminal Contraceptives

Method of Primi Mother

S. No.	Steps	Yes	No
1.	Do your husband use Nirodh?		
2.	Do you use Copper – T?		
3.	Do you take contraceptive bills?		
4.	Do you use loop?		
5.	Do you follow the abortion for family planning?		
6.	Do you use vaginal ring?		
7.	Do you use diaphragm?		
8.	Do you use cream or jelly?		
9.	Do you know about safe period?		
10.	Do your husband take contraceptive pills?		
11.	Do you take hormone pills?		
12.	Do you take pills after the sexual intercourse?		
13.	Do you know about vaccine for birth control?		
14.	Do you take contraceptive pills for a month?		
15.	Do you use contraceptive inside the uterus?		

Key

“Yes” answer carried 1 mark

“No” answer carried 0 mark

SECTION - II

Answer Key

Questions	Answer	Score
1.	a	1
2.	a	1
3.	a	1
4.	c	1
5.	b	1
6.	a	1
7.	a	1
8.	c	1
9.	a	1
10.	b	1
11.	a	1
12.	b	1
13.	a	1
14.	a	1
15.	c	1
16.	b	1
17.	a	1
18.	a	1
19.	a	1
20.	a	1
21.	a	1
22.	b	1
23.	a	1
24.	b	1
25.	a	1

SECTION - III

Answer Key

Questions	Answer	Score
1.	Yes	1
2.	Yes	1
3.	Yes	1
4.	Yes	1
5.	Yes	1
6.	Yes	1
7.	Yes	1
8.	Yes	1
9.	Yes	1
10.	Yes	1
11.	Yes	1
12.	Yes	1
13.	Yes	1
14.	Yes	1
15.	Yes	1
Total		15

பகுதி - அ
நேர்காணல் முறை

1. வரிசை எண் _____

2. வயது

(அ) 22-24 ☐

(ஆ) 25-26 ☐

(இ) 27-28 ☐

3. மதம்

(அ) இந்து ☐

(ஆ) இஸ்லாம் ☐

(இ) கிறிஸ்து ☐

4. குடும்ப வகை

(அ) தனிக்குடும்பம் ☐

(ஆ) கூட்டுக்குடும்பம் ☐

(இ) உறவினர்களுடன் ☐

5. கல்வித்தகுதி

(அ) ஆரம்ப கல்வி ☐

(ஆ) உயர்நிலைகல்வி ☐

(இ) பட்ட படிப்பு ☐

(ஈ) மேற்கல்வி ☐

6. தொழில் விபரம்

(அ) வீட்டிலிருப்பவர்

☐

(ஆ) பணிபுரிபவர்

☐

7. குடும்ப வருமானம்

(அ) ₹. 1500 - ₹. 2000

☐

(ஆ) ₹. 2001 - ₹. 4000

☐

(இ) ₹. 4001 - ₹. 6000

☐

(ஈ) ₹. 6001- மேலும்

☐

8. தகவலுடைய முறைகள்

(அ) (Medias) தகவல் அளிக்கும் சாதனம்

☐

(ஆ) நண்பர்கள்

☐

(இ) உறவினர்கள்

☐

(ஈ) மருத்துவ உறுப்பினர்கள்

☐

பகுதி - ஆ

தற்காலிக கருத்தடை முறைகள் பற்றிய ஆராயும் கேள்விகள்

குறிப்பு

கீழே கொடுக்கப்பட்டுள்ள வினாக்களை நன்கு படித்து தெளிவாக புரிந்து கொண்டு சரியான பதிலுக்கு நேராக இருக்கும் கட்டத்தில் (✓) என்று குறிப்பிடவும்.

1. கருத்தடை முறையின் காரணம் என்ன?

- (அ) கார்ப்பமாவதை தடுத்தல் ☐
- (ஆ) உடல் நலத்திற்கு ☐
- (இ) பாதுகாப்பு காரணம் ☐

2. எந்த கருத்தடை முறை சிறந்தது?

- (அ) தடுக்கும் முறை ☐
- (ஆ) இறுதி முறை ☐
- (இ) பாதுகாப்பு முறை ☐

3. எந்த முறை அதிகமாக அறிந்து உபயோகிக்கப்படுகிறது?

- (அ) ஆணுறை ☐
- (ஆ) மாத்திரை ☐
- (இ) அறுவை சிகிச்சை ☐

4. பெண் பிறப்பு உறுப்பில் உபயோகிக்கும் தடுக்கும் முறை எது?

- (அ) ஜெல்லி ☐
- (ஆ) கிரீம் ☐
- (இ) டயாபரம் ☐

5. டயாபரத்தின் குறைகள் என்ன?

- (அ) இல்லை ☐
- (ஆ) செய்முறை பயிற்சிதேவை ☐
- (இ) எளிதாக உபயோகித்தல் ☐

6. டயாபரத்தின் பயன்கள் என்ன?

- (அ) பக்கவிளைவுகள் இல்லை ☐
- (ஆ) எளிதாக கிடைக்கும் ☐
- (இ) அனைவருக்கும்ம ஆமோதித்தல் ☐

7. வேதியியல் கருத்தடை முறைகள் எவை?

- (அ) கிரீம், ஜெல்லி, பேஸ்ட் ☐
- (ஆ) வின்சர் ☐
- (இ) ஆலீவ் எண்ணெய் ☐

8. இயந்தரவியல் கருத்தடை சாதனத்தின் தன்மை என்ன?

- (அ) ரப்பர் தன்மை ☐
- (ஆ) இரும்பு தன்மை ☐
- (இ) ப்ளாஸ்டிக் தன்மை ☐

9. இ.க.சா. பக்கவிளைவுகள் என்ன?

- (அ) இருதய கோளாறு ☐
- (ஆ) கிருமி தாக்குதல் ☐
- (இ) இயலாமை ☐

10. லூப் எப்பொழுது உபயோகிக்க வேண்டும்?

- (அ) காப்ப காலத்தின் போது ☐
- (ஆ) மாதவிடாய் போது ☐
- (இ) மாதவிடாய்ற்கு பிறகு ☐

11. எந்த முறை 100% தரமானது?

- (அ) ஹார்மோன் கருத்தடை முறை ☐
- (ஆ) ஆணுறை ☐
- (இ) காப்பர்-டி ☐

12. எத்தனை மாத்திரைகள் மாலா டி ல் உள்ளது?

- (அ) 29 மாத்திரைகள் ☐
- (ஆ) 28 மாத்திரைகள் ☐
- (இ) 30 மாத்திரைகள் ☐

13. எந்த முறை அவசர கருத்தடை முறையாகும்?

- (அ) கவன முறை ☐
- (ஆ) ஊசி முறை ☐
- (இ) மாத்திரை ☐

14. மாதம் ஒருமுறை மாத்திரை என்பது என்ன?

- (அ) நீண்ட கால செயல் ☐
- (ஆ) இறுதி செயல் ☐
- (இ) எல்லா நேரமும் ☐

15. எது நீண்ட கால கற்பத்தடை ?

(அ) அறுவை சிகிச்சை முறை ☐

(ஆ) ஆணுறை ☐

(இ) நார்ப்ளாண்ட் ☐

16. ஏன் பெண் உறுப்பு (ரிங்) வளையம் சிறந்தது?

(அ) பாதுகாப்பு முறை ☐

(ஆ) பெண் உறுப்பில் அணிதல் ☐

(இ) எளிய வழி ☐

17. பாதுகாப்பான காலத்தின் மறு பெயர்

(அ) நாள்காட்டி முறை ☐

(ஆ) பாதுகாப்பான ஒன்று ☐

(இ) எளிதில் நடைமுறைப்படுத்துதல் ☐

18. எப்படி கருமுட்டை வெளியேறுதல் (Ovulation) அடையாளம் காணமுடியும்?

(அ) தடித்த தோல் (பெண் உறுப்பு) ☐

(ஆ) நீர் சுரத்தல் ☐

(இ) மென்மையாக இருத்தல் ☐

19. குழந்தை பிறப்பிற்கு பின் மாதவிடாய் சுழற்சிக்கு காரணம் என்ன?

(அ) பாலூட்டுதல் ☐

(ஆ) மருந்து உட்கொள்ளுதல் ☐

(இ) குழந்தை பராமரிப்பு ☐

20. பிறப்பை தடுக்கும் தடுப்பூசி என்பது

- (அ) கிடைக்கிறது ☐
- (ஆ) கிடைக்கவில்லை ☐
- (இ) ஆராய்ச்சி நிலையில் உள்ளது. ☐

21. எந்த முறை எளியமுறையாக குழந்தை பிறப்பை தடுக்கிறது?

- (அ) சீரான மாதவிடாய் சுழற்சி ☐
- (ஆ) பாதுகாப்பான நாட்கள் ☐
- (இ) கருத்தடை சாதனம் ☐

22. அபார்சன் என்பது என்ன?

- (அ) பிறப்பை கட்டுப்படுத்துதல் ☐
- (ஆ) டெர்மினேசன் ☐
- (இ) குழந்தை பிறப்பை ☐

23. எந்த முறை குழந்தை பிறப்பை தடுப்பதில் சிறந்ததாக உள்ளது?

- (அ) முபமையான கட்டுப்பாடு ☐
- (ஆ) கருத்தடை சாதம் உபயோகித்தல் ☐
- (இ) அறுவை சிகிச்சை முறை ☐

24. எந்த முறை பழமையான தடுக்கும் முறை

- (அ) பாதுகாப்பான நாட்கள் ☐
- (ஆ) கவனமுறை ☐
- (இ) ஹார்மோன் மாத்திரை ☐

25. எத்தனை தற்காலிக கருத்தடை சாதனங்கள் உள்ளன?

(அ) இரண்டு முறைகள்

☐

(ஆ) நான்கு முறைகள்

☐

(இ) ஒன்று முறை

☐

பிரிவு - இ

இந்த பகுதியில் கீழே கொடுக்கப்பட்டுள்ள வினாக்கள் அனைத்தும் கருத்தடை

சாதனங்கள் உபயோகித்தலை பற்றிய ஆய்வு

எண்	கேள்வி	ஆம்	இல்லை
1.	கணவர் ஆணுறை உபயோகிக்கிறாரா?		
2.	காப்பர் டி உபயோகிப்பவரா?		
3.	கருத்தடை மாத்திரை உட்கொள்பவரா?		
4.	லூப் உபயோகிப்பவரா?		
5.	குடும்ப கட்டுப்பாட்டிற்கு அபார்சனை கடைபிடிப்பவரா?		
6.	பெண் உறுப்பு வளையம் உபயோகிப்பவரா?		
7.	டயாபரம் உபயோகிப்பவரா?		
8.	கிரீம் (அ) ஜெல்லி உபயோகிப்பவரா?		
9.	பாதுகாப்பான நாட்கள் பற்றி அறிந்தவரா?		
10.	கணவர் கருத்தடை மாத்திரை எடுப்பவரா?		
11.	ஹார்மோன் மாத்திரை எடுப்பவரா?		
12.	உறவுக்குப் பின் மாத்திரை எடுப்பவரா?		
13.	பிறப்பை கட்டுப்படுத்தும் தடுப்பூசி பற்றி தெரியுமா?		
14.	மாதமொருமுறை கருத்தடை மாத்திரை எடுப்பவரா?		
15.	கருத்தடை சாதனம் உபயோகிப்பவரா?		

பகுதி - 2

விடைகள்

வரிசை எண்.	விடைகள்	மதிப்பெண்
1.	அ	1
2.	அ	1
3.	அ	1
4.	இ	1
5.	ஆ	1
6.	அ	1
7.	அ	1
8.	இ	1
9.	அ	1
10.	ஆ	1
11.	அ	1
12.	ஆ	1
13.	அ	1
14.	அ	1
15.	இ	1
16.	ஆ	1
17.	அ	1
18.	அ	1
19.	அ	1
20.	அ	1
21.	அ	1
22.	ஆ	1
23.	அ	1
24.	ஆ	1
25.	அ	1

பிரிவு - இ

விடைகள்

வரிசை எண்.	விடைகள்	மதிப்பெண்
1.	ஆம்	1
2.	ஆம்	1
3.	ஆம்	1
4.	ஆம்	1
5.	ஆம்	1
6.	ஆம்	1
7.	ஆம்	1
8.	ஆம்	1
9.	ஆம்	1
10.	ஆம்	1
11.	ஆம்	1
12.	ஆம்	1
13.	ஆம்	1
14.	ஆம்	1
15.	ஆம்	1

HEALTH EDUCATION
ON
TEMPORARY CONTRACEPTIVE METHODS

Topic : Temporary Contraceptive Methods

Group : Primi Mothers

Place of Teaching : Alandurai, Coimbatore

Time : 45 min

Methods of Teaching : Lecture, Discussion

Teaching Aids : Flash Cards, Handout, Chart, Poster Booklet

Overall Objectives

On completion of this structured teaching programme the primi mothers are able to gain knowledge and understanding on Temporary contraceptive methods and skills and help them to apply this knowledge in their day to day life.

Behavioural Objectives

After the structured teaching programme primi mothers are able to

- Mention the term
- List out the methods of contraceptive methods
- Enumerate the advantages and disadvantages
- Discuss the Barrier method
- Discuss the IUD
- Mention the Hormonal methods
- List out the Miscellaneous

Objectives	Contents	Mins	Teacher's Activity	Participants Activity
	<p>Introduction</p> <p>Good Morning, the researcher is a post graduate nursing student from P.P.G College of Nursing Coimbatore.</p> <p>I have came here to teach you about the knowledge of Temporary Contraceptive methods. I request you to participate in this class. At the end of the class you all the requested to clarify your doubts.</p> <p>a. Physical Methods</p> <p>1. Condom</p> <p>It is the most widely known and used barrier device by the males around the world. Trade name NIRODI +meaning prevention. There are 3 brands of condom – Dry Nirodh, Deluxe Nirodh, Super deluxe Nirodh condom prevent the semen from being deposited in vagina.</p>	2 Min	Explaining with model	Active participation

	<p>Advantages</p> <ul style="list-style-type: none"> ➤ They are easily available ➤ Safe and inexpensive ➤ Easy to use ➤ No side effects ➤ Light, compact and disposable ➤ Provide protection <p>Disadvantages</p> <ul style="list-style-type: none"> ➤ It may slip off or tear ➤ Interfere with sensation <p>2. Diaphragm</p> <p>It 's a vaginal Barrier. It is 'Dutch cap'. It is shallow cup made of synthetic rupper or plastic material. It ranges in 5-10 cm (2-4 inches) It has a</p>	2 Min	Explaining with Model	Active listening and Participation
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	<p>flexible tin made of spring or metal.</p> <p>It is important that a women be fitted with a diaphragm of the proper size which is determined by inserting two finger into the posterior fornix and noting how far on the finger the symphysis pubis comes. This distance indicates the approximate diameter of the diaphragm that will be needed. In the correct position, it lies snugly below the symphysis pubis and the sacrum. It is held in position partly by the spring tension and partly by the vaginal muscle tone.</p> <p>The diaphragm is inserted before sexual intercourse and must remain in place for not less than 6 Mins after sexual intercourse .</p> <p>Advantages</p> <ul style="list-style-type: none"> ➤ Total absence of risks disadvantages: ➤ Need demonstration if not remove- toxic shock syndrome. 			
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	<p>3. Vaginal Sponge</p> <p>Another barrier device employed for hundreds of years is the sponge soaked in Vinegar or Olive oil. The sponge is far less effective than the diaphragm, but it is better than nothing.</p> <p>b. Chemical Methods</p> <p>In the 1960s, before the advent of IUDs and Oral contraceptives, Spermicides were used widely. They comprise four categories.</p> <ul style="list-style-type: none"> ➤ Foams – foam tablets, foam aerosols ➤ Creams, Jellies and pastes – squeezed from a tube ➤ Suppositories – Inserted Manually ➤ Soluble films – C. film inserted manually. <p>It is a surface - active agents which attach themselves to spermatozoa and inhibit oxygen uptake and kill Sperms</p>			
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	<p>IInd Generation – Earlier devices</p> <ul style="list-style-type: none"> ➤ Copper – T ➤ Copper - T 200 <p>Never device</p> <p>Variants of the T device</p> <ul style="list-style-type: none"> ➤ T Cu- 220C ➤ T Cu- 380 A or Ag <ul style="list-style-type: none"> - Nova T - Multi load device <ul style="list-style-type: none"> ➤ ML – Cu - 250 ➤ ML – Cu - 375 <p>The numbers include in the Names of the devices refer to the surface area (in Sq.Mm) of the copper on the device. Nova T and T CU 380 Ag are</p>			
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Mention the Hormonal	<p>Advantages of Copper Devices</p> <ul style="list-style-type: none"> ➤ Low expulsion rate ➤ Lower incidence of S.E (pain, bleeding) ➤ easier to fit even in nullipara women ➤ better tolerated by nullipara ➤ Increased contraceptive effectiveness. ➤ Effective as post – coital contraceptives if inserted within 3-5 days of unprotected – intercourse. <p>IIIrd Generation</p> <p>Progestasert - which is T. shaped device filled C progesterone, the natural hormone. The hormone is released slowly in the uterus at the rate of 65 mcg daily.</p> <p>S. Hormonal Contraceptives</p> <p>It is Properly used are the most effective spacing methods of</p>	2 min	Explain and discussion with	Actively participation
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Methods	<p>contraception</p> <p>A. Oral pills</p> <ul style="list-style-type: none"> ➤ Combined pill ➤ Progestoger – only pill (POP) ➤ Post – Coital pill ➤ Once a month (long – acting) pill ➤ Male pill <p>B. Depot (Slow release) formulations</p> <ul style="list-style-type: none"> ➤ Injectables ➤ Sub Cutaneous implants ➤ Vaginal rings <p>Combined Pill</p> <ul style="list-style-type: none"> ➤ Mala – N and MALA – D 		Posters	
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	<ul style="list-style-type: none"> ➤ Nonethisterone acekals 1.0 mg ➤ Ethynyl Vestra dial 0.03 mg ➤ D. Norgestrol 0.50 mg ➤ Ethymyl vestradiol 0.04m <p>The pill is given orally for 21 days beginning on the 5th day of the menstrual cycle followed by a break of 7 days during which period menstruation occur.</p> <p>2. Progestogen – only pill (POP)</p> <ul style="list-style-type: none"> ➤ It refer as Minipill or Micropill .It contain only progestogen. Which is given in small doses throughout the cycle. <p>3. Post Coital Contraception</p> <p>Post – coital or moring after contraception is recommended within 48 Mins of an unprotected intercourse.</p>	<p>1 Min</p> <p>1 Min</p>	<p>Explain as discussion method with Handout</p> <p>Explain with discussion</p>	<p>Active listening and Participation</p> <p>Active listening</p>
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	<p>Two Methods are Available</p> <ul style="list-style-type: none"> ➤ IUD – Copper devices ➤ Hormonal : Oestrogen (Diethyl – still boestrol 50 mg daily in divided doses for 5 days). <p>4. Once – a – month (Long Acting) Pill</p> <ul style="list-style-type: none"> ➤ Quinestrol – long Acting oestrogen <p>5. Male pill</p> <ul style="list-style-type: none"> ➤ Preventing spermatogenesis ➤ Interfering and Sperm storage and Maturation] ➤ Preventing sperm transport in the Vas ➤ Affecting Constituents of the seminal Fluid, made by gorypol – Cotton eed oil 			
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	<p>Depot Formulation</p> <p>Injectable Contraceptives</p> <ul style="list-style-type: none"> ➤ DMPA (Depot Medroxyprogesterone ➤ IM – 150 mg (3 non) acetate <p>6. NET – EN Non ethisterene enantab)</p> <ul style="list-style-type: none"> ➤ IM – 200 mg even 60 days. ➤ Sub Cutaneous Implants <p>Known as Norplant for longterm contraception. It consist of 6 silastic (Silicon rupper) capsules containing 35mg of Leronorgestrel.</p> <ul style="list-style-type: none"> ➤ Vaginal ring <p>It containing Levonorgestrel have been found to be effective. The hormone is slowly obsorbed through the vaginal Muscosa. Permitting most of the bypass the digestive system and liver and allowing a potentially lower dose. The ring is worn in the vagina for 2 wks of the cycle and removed for the fourth</p>			
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	<p>week.</p> <p>5. Miscellaneous</p> <ul style="list-style-type: none"> ➤ Abstinence – Complete sexual abstinence. ➤ Coitus interruptus - This is the oldest method of voluntary fertility control. The male with draw before ejaculations. ➤ Safe period (Rhythm Method) also known as calender method. The couble can be advised to avoid intercourse from the 8th to 22 day of menstrual cycle. Continuing from of day if menstrual period . ➤ Natural family planning methods. <ul style="list-style-type: none"> - Baral Body temperature - Cervical Muam method ➤ Breast loading – Lactation prolongs postpartum amenorrhoea and provides some degree of protection against pregnancy. 			
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	Conclusion So far we have discussed about the Temporary Contraceptive Methods in various way and it is advantages and disadvantages. This will be helpful for health status for Mother and Child condition.			
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செயல்முறை பாடத்திட்டம் - தற்காலிக கருத்தடை முறைகள்

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பயிற்றுவிக்கும் பாடத்திட்டம்	-	தற்காலிக கருத்தடை முறைகள்
தலைப்பு	-	தற்காலிக கருத்தடை முறைகள்
குழு	-	முதல் குழந்தை உள்ள தாய்மார்கள்
இடம்	-	ஆலாந்துறை - கோயமுத்தூர்
கல்வியாளர்	-	ஜே. நாகமாலா
நேரம்	-	45 நிமிடங்கள்
கற்பிக்கும் முறை	-	விரிவுரை, குழு விவாதம் மற்றும் செயல்முறை
செயல் விளக்க பொருட்கள்	-	வரைபடம், துண்டு படங்கள், கைப்பிரதிகள் சாதனங்கள்

பொது நோக்கங்கள்

வடிவமைக்கப்பட்ட இக்கல்வி பயிற்சி நிறைவடையும் பட்சத்தில் முதல் குழந்தை உள்ள தாய்மார்கள் தற்காலிக கருத்தடை முறைகள் பற்றிய அறிவை வளர்த்துக்கொள்ளவும் அதனை நடைமுறை வாழ்க்கையில் பயன்படுத்தவும் முடியும்.

சிறப்பு நோக்கங்கள்

- தற்காலிக கருத்தடை முறைகள் பற்றி விளக்கம் அளித்தல்.
- தற்காலிக கருத்தடை முறையின் நன்மைகள் பற்றி விளக்கம் அளித்தல்
- கருத்தடை முறைபற்றி செயல்விளக்கம் அளித்தல்
- இயந்திரவியலான கருத்தடை முறை பற்றி விளக்கம் அளித்தல்
- வேதியியல் முறையிலான கருத்தடை முறைபற்றி விளக்கம் அளித்தல்
- இயல்பான கருத்தடை முறைகள் பற்றி விளக்கம் அளித்தல்
- பயன்களும், விளைவுகளும் பற்றிய விளக்கம் அளித்தல்.

துணை குறிக்கோள்	பொருளடக்கம்	நிமிடம்	கற்பிப்பவரின் செயல்	கற்பவரின் செயல்
தற்காலிக கருத்தடை முறை பயன்கள்	<p>முன்னுரை</p> <p>வணக்கம், ஆராய்ச்சியாளர் பி.பி.ஐ. செவிலியர் கல்லூரியில் பட்ட மேற்படிப்பு படிக்கும் மாணவி இங்கு முதல் குழந்தை உள்ள தாய்மார்களுக்கு தற்காலிக கருத்தடை முறைகள் பற்றி தெரிவிக்க வந்துள்ளேன். அனைவரும் இந்த வகுப்பில் பங்கு பெற்று உங்களுக்கு ஏற்படும் சந்தேகங்களை நிவர்த்தி செய்து கொள்ளுமாறு கேட்டுக்கொள்கிறேன்.</p> <p>தற்காலிக கருத்தடை முறை</p> <p>கருவுறுதல் தேவைப்படும் போது அந்தத் தற்காலிக முறையை நிறுத்திவிடலாம் என்பதாகும். இந்த முறையின் முதன்மையான நோக்கம், குழந்தைகளுக்கு இடையே இடைவெளி விடுதல்.</p>	3 நிமிடம்	வரைபடம் மூலம் விளக்கமளித்தல்	கவனித்து பங்கேற்றல்

	<p>பயன்கள்</p> <ul style="list-style-type: none"> ➤ இரண்டு குழந்தைகளுக்கு இடையில் நல்ல இடைவெளியிட்டு தாயின் நலவாழ்வு, பொதுவாக நன்றாக இருத்தல். ➤ நலவாழ்வுக்கு ஆபத்து உண்டாகும் நிலைகள் அதிக அளவு குறைக்கப்படுகிறது. ➤ முதல் குழந்தையை நன்கு பராமரிக்க இயலும். ➤ ஊட்டசத்துணவு பராமரிப்பு உள்ளிட்ட குடும்ப பராமரிப்பை நன்கு செய்ய இயலும். <p>தற்காலிக கருத்தடை முறையின் நன்மைகள்</p> <ul style="list-style-type: none"> ➤ கருவுறுதலை தடுப்பதில் பலன் தருவது. ➤ நலவாழ்வை பொறுத்தவரை பாதுகாப்பானது. ➤ எல்லா சமுதாயத்திலும் உள்ள ஆண்களாலும் பெண்களாலும் ஏற்றுக்கொள்ளத் தக்கது. 			
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<p>கருவுறுதலை தடுக்கும் முறைகள்</p>	<ul style="list-style-type: none"> ➤ எளிதானது, மருத்துவக் கவனிப்போ அல்லது மருத்துவ மேற்பார்வையோ சிறிது தேவை அல்லது தேவையில்லாதது. ➤ திரும்ப மாற்றக் கூடியது. இதனால் தேவைப்படும்போது கருவுறலாம். ➤ செலவில்லாதது - ஒவ்வொருவருக்கும் ஏற்படையதான கருத்தடை முறை என்று ஒன்று இல்லையாதலால் குடும்ப கட்டுப்பாட்டுத் திட்டத்தில் இப்போதைய அணுகுமுறை, எல்லா முறைகளையுமே முன்வைப்பது இவற்றிலிருந்து ஒன்றை தேர்ந்தெடுத்துக் கொள்ள வேண்டும். <p>கருவுறுதல் கீழ்க்காணும் நிலைகளில் தடுக்கப்படுகிறது</p> <ul style="list-style-type: none"> ➤ ஆணிலிருந்து விந்தணுக்கள் பெண்ணின் முட்டைக்குள் போக முடியாதபோது ➤ ஒவ்வொரு மாதமும் கருமுட்டை வெளிப்படாதபோது. ➤ முட்டை - கருவுற்றபின், கருப்பையின் சவருடன் தானாக 	<p>2 நிமிடம்</p>		
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<p>தற்காலிக கருத்தடை முறைகள்</p>	<p>ஒட்டிக்கொள்ள முடியாதபோது</p> <p>தற்காலிக கருத்தடை முறைகள்</p> <ul style="list-style-type: none"> ➤ இயல்பான முறைகள் ➤ இயந்திரவியல் முறைகள் ➤ வேதியியல் முறைகள் <p>இயல்பான கருத்தடை முறைகள்</p> <p>கணவன் கவன முறை - கருத்தடை சாதனம் அல்லது கருத்தடை மருந்து எதையும் பயன்படுத்தாமல் செயல்படுத்தும் முறைகளுக்கு இயல்பான கருத்தடை முறைகள் என்று பெயர்,</p> <p>கணவன் கவனமுறை மற்றும் பாதுகாப்பான நாட்களில் கூடும் முறை என்பவை அத்தகை முறைகளாகும்.</p> <p>பெண்ணிடம் உற்பத்தியாகும் கருமுட்டையும், ஆணிடம்</p>			
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	<p>உற்பத்தியாகும் விந்தணுவும், உடலுறவு காரணமாக பெண்ணின் உடலில் சந்திப்பதால் கர்ப்பம் உண்டாகும். உடலுறவின் உச்சகட்டத்தின் போது, விந்து வெளியாவதற்கு முன், ஆண் குறியைப் பெண்ணின் பிறப்பு வழியிலிருந்து எடுத்து விந்துவை வெளியில் விடவேண்டும். கணவன் கவனமுறை எனப்படும் இம்முறையே, கருத்தடை ஏற்படுத்தும் உடலுறவு முறை (coitus interruptus) என்றும் அழைக்கப்படுகிறது. இதனால் கர்ப்பம் உண்டாகாமல் தடுக்கப்படுகிறது. கருத்தரிப்பதை தடுக்க மனிதன் பயன்படுத்திய மிகப் பழைய முறை இது எனலாம்.</p> <p>நன்மைகள்</p> <p>இம்முறையைப் பின்பற்ற, செயற்கையான கருத்தடைச் சாதனம் எதுவும் தேவையில்லை. சுயக்கட்டுப்பாடு மற்றும் சரியான பாதுகாப்பு உணர்வுடன் செயல்பட்டால் இம்முறை ஓரளவுக்கு பயனளிக்க கூடியதாக இருக்கும்</p>			
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<p>பாதுகாப்பான நாட்கள்</p>	<p>குறைபாடுகள்</p> <p>இம்முறையில், அறியாத நிலையில் விந்து சிந்தி விடுவதாலும், தாமதமாவதாலும் தோல்வி ஏற்படலாம்.</p> <p>பாதுகாப்பான நாட்களில் கூடுவது</p> <p>பாதுகாப்பற்ற நாட்களில் உடலுறவு கொள்வதைத் தவிர்ப்பதன் அடிப்படையில் அமைந்ததே பாதுகாப்பான நாட்களில் உடலுறவு கொள்வது என்பதாகும். அல்லது பெண்ணின் அண்டத்திலிருந்து கருமுட்டை வெளிப்படும் நாட்களை அறிந்து, அந்நாட்களை தவிர்த்து மற்ற நாட்களில் தம்பதிகள் உடலுறவு கொள்வதாகும். மாதா மாதம் குறிப்பிட்ட சரியான காலத்தில் பெண்ணிற்கு மாதவிலக்கு ஏற்படுவதை வைத்தே, பாதுகாப்பான நாட்களை சரியாக கணக்கிட இயலும். பாதுகாப்பான நாட்களை அறிய மாதவிலக்க ஏற்படக்கூடும் எனக் கருதும் நாளுக்கு முன் 11 நாட்களை கழிக்க வேண்டும். மைய தேதியில் குறிப்பாக 9 முதல் 16ம் தேதிவரை ஏதாவது ஒரு தேதியில் கருமுட்டை உண்டாகலாம். மேலும்</p>	<p>3 நிமிடம்</p>	<p>கைப்பிரதிகள் மூலம் விளக்குதல்</p>	<p>கவனித்து பங்கேற்றல்</p>
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	<p>கருமுட்டையும் விந்துவும் உயிருடன் வாழும் மேலும் மூன்று நாட்களையும் கணக்கில் சேர்த்துக் கொள்ள வேண்டும். X என்று குறிக்கப்பட்டவை பாதுகாப்பற்றவை.</p> <table> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(1)</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td><u>9</u></td> </tr> <tr> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> </tr> <tr> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> </tr> <tr> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>(28)</td> <td>29</td> <td>30</td> </tr> <tr> <td>31</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>நன்மைகள்</p> <p>இம்முறையை ஏற்றுச் செயல்படுத்த செயற்கையான கருத்தடை சாதனம் எதுவும் தேவை இல்லை.</p>						(1)	2	3	4	5	6	7	8	<u>9</u>	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	(28)	29	30	31									
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இயந்தரவியல் முறை	<p>நன்மைகள்</p> <p>இம்முறையை ஏற்றுச் செயல்படுத்த செயற்கையான கருத்தடை சாதனம் எதுவும் தேவை இல்லை.</p>	2 நிமிடம்	<p>துண்டு படங்கள்</p> <p>மூலம்</p> <p>விளக்குதல்</p>	<p>கவனித்து</p> <p>பங்கேற்றல்</p>																																										

<p>கருப்பை சாதனம்</p>	<p>குறைபாடுகள்</p> <ul style="list-style-type: none"> ➤ காலம்தவறி முன்னும் அல்லது பின்னுமாக மாதவிலக்கிற்கு உள்ளாகும் பெண்களுக்கு இது பொருந்தாது. ➤ இயந்திரவியலான கருத்தடை முறைகள் <ul style="list-style-type: none"> - கருப்பை சாதனம் (IUD) - விதானம் (Diaphragm) - கருத்தடை உறை (Condom – நிரோத்) <p>கருப்பை சாதனம் (IUD)</p> <p>இது பெண்களுக்கானது. லிப்பீஸ் வளையம் (Lippes Loop) பாலி எத்திலின் இழைகளால் ஆனது. இரண்டு ‘S’ வடிவங்கள் இணைந்தது போன்றதொரு கருவி.</p> <p>காப்பர் T என்பதில் ஒரு பகுதி செம்பு (Copper) மறுபகுதி பாலி</p>		<p>சானங்கள்</p> <p>காண்பித்தல்</p> <p>விளக்குதல்</p>	
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	<p>எத்திலீனால் ஆனது. காப்பர் டி என்பது எளிதில் உள்ளே நுழையக்கூடியது. இரத்தம் சிறிதுதான் வெளியாகும். இது லிப்பீஸ் வளைத்தை விடச்சிறந்தது</p> <p>நன்மைகள்</p> <p>உடலுறவிற்கு குந்தகமாக இது இருப்பதில்லை. உடலில் இது இருப்பதே தெரியாது. இதைப் பொருத்திக் கொண்ட பின் மருத்துவமனையில் தங்கி சிகிச்சை பெறவேண்டிய அவசியம் இல்லை. இதை எளிதாக அகற்றிவிடலாம்.</p> <p>குறைபாடுகள்</p> <p>இரத்தபோக்கு அதிகமாகவும், இடுப்புவலி, அடிவயிற்றில் வலி இருக்கலாம். சில சமயம் இக்கருத்தடைச் சாதனம் தானாகவே வெளியே தள்ளப்படுகிறது.</p>			
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<p>டயாபாரம்</p>	<p><u>டயாபாரம்</u></p> <p>இது பெண்ணுறையாகும். வட்ட வடிவமான இது மிருதுவான ரப்பரால் செய்யப்பட்டு, விளிம்பை சுற்றிலும் வளைக்கூடிய சுருள் கம்பியைக் கொண்டது. உடலுறவு கொள்வதற்கு முன், பெண் தன் பிறப்பு வழியில் டயாபரத்தை பொறுத்துவதால், கருப்பை வாய் மூடப்படுகிறது.</p> <p>கருத்தரிக்கும் வாய்ப்பை இது சுலபமாக தடுத்து விடுகிறது. டயாபாரம் கருப்பை வாயை மூடிவிடுவதால், விந்தணுக்கள் கருப்பைக்குள் செல்வது தடுக்கப்படுகிறது. எனவே கருத்தரிப்பதில்லை.</p> <p>இதன்மூலம் மிகுந்த பலனை அடைய அதைப் பயன்படுத்துவதற்கு முன்பு, டயாபரத்தில் வேதியில் முறையில் தயாரிக்கப்பட்ட ஜெல்லி அல்லது கிரீம் தடவிக் கொள்ள வேண்டும். ஜெல்லி அல்லது கிரீம் விந்தணுக்களைக் கொன்று விடும்.</p>	<p>2</p> <p>நிமிடம்</p>	<p>துண்டு படங்கள்</p> <p>மூலம்</p> <p>பங்கேற்றல்,</p> <p>சாதனங்கள்</p> <p>காண்பித்து</p> <p>விளக்குதல்.</p>	<p>கவனித்து</p> <p>பங்கேற்றல்</p>
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<p>கருத்தடை உறை</p>	<p>பிறப்பு உறுப்புக்கு ஏற்ற அளவுள்ள டயாபாரத்தை தோந்தெடுக்க வேண்டும்.</p> <p>நன்மைகள்</p> <p>இது உடலுறவிற்கு குந்தகமாக இருப்பதில்லை. ஒவ்வொரு முறை உடலுறவு கொள்ளும்போதும் இதைப் பயன்படுத்த வேண்டும். இதனை சோப்பு போட்டு கழுவி சிறிது பவுடர் கோட்டு பத்திரப்படுத்தி பலமுறை பயன்படுத்த இயலும்.</p> <p>குறைபாடுகள்</p> <p>இது ரப்பரால் ஆனது. ஆகையால் உணர்வுப்பூர்வமாக இதை சிலர் விரும்புவதில்லை. இதை முறையாக பயன்படுத்தவில்லையென்றால், தோல்விக்கான வாய்ப்பு அதிகம் உண்டு.</p> <p>உடலுறவு கொள்வதற்கு முன் டயாபாரத்தை பயன்படுத்த வேண்டிய</p>	<p>2 நிமிடம்</p>	<p>துண்டு படங்கள் மூலம் பங்கேற்றல், சாதனங்கள் காண்பித்து விளக்குதல்.</p>	<p>கவனித்து பங்கேற்றல்</p>
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	<p>முன்னேற்பாடுகள் பலவற்றை செய்யவேண்டும். உபயோகித்த பின் சுத்தப்படுத்தி வைக்கவேண்டும்.</p> <p>கருத்தடை உறை (நிரோத் – condom)</p> <p>உடலுறவு கொள்வதற்கு முன்பு, விறைப்படைந்த ஆண்குறிக்கு அணுவிப்பது நிரோத். விந்தணுக்கள் இதனுள் தங்கி விடுவதால் அவை பெண்ணின் உடலுக்குள் செல்வதில்லை. நிரோத் நுனியில் கொஞ்சம் இடம் விடப்பட்டுள்ளது. அதன் மேல் உள்ள ரப்பர் ரிம் (பாண்டு) உடலோடு ஒட்டி இருக்கும்படி அணிந்து கொள்ளவேண்டும்.ள ஆணிமிருந்து வெளியாகும். விந்து அந்த வெற்றிடத்தில் தங்கிவிடும்</p> <p>ஒவ்வொரு தடவையும் புதிய நிரோத் ஒன்றை யன்படுத்தவேண்டும். உடலுறவு கொண்டபின் பெண்ணின் பிறப்பு வழியில் சிந்தி விடாமல், ஆண்குறியைப் பத்திரமாக மேலே உள்ள ரப்பர் ரிம்மை கையில் பிடித்துக்கொண்டு மெல்ல வெளியில் எடுக்கவேண்டும்.</p>			
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	<p>நன்மைகள்</p> <p>எளிய, மிகவும் பயன்தரக்கூடிய கருத்தடைமுறை, பால்வினை நோய்களிலிருந்து பாதுகாப்பு அளிக்கிறது. எல்லா சுகாதார நிலையங்களிலும் இது இலவசமாக வழங்கப்படுகிறது. சுயக்கட்டுப்பாட்டுடன் இருக்கவேண்டிய அவசியம் இல்லை.</p> <p>குறைபாடுகள்</p> <p>தனிப்பட்டவர்கள் சிலர், ரப்பரை பயன்படுத்த உணர்வு பூர்வமாக விரும்பாமல் இருக்கலாம்.</p> <p>3. வேதியியல் கருத்தடைகள்</p> <p>இவை விந்தனுக் கொல்லிகள்</p> <ul style="list-style-type: none"> ➤ நுரை மாத்திரைகள் (FOAM TABLETS) ➤ பசைகள் மற்றும் கூழ்கள் (CREAMS AND JELLIES) 			
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<p>வேதியில் முறை</p> <p>நுரை</p> <p>மாத்திரைகள்</p>	<p>நுரை மாத்திரைகள் (Foam Tablets)</p> <p>சேருவதற்கு முன், பெண் தன் பிறப்பு வழியில் நுரை மாத்திரையை வைத்தால், நுரை உண்டாகி அப்பகுதி முழுவதற்கும் பாதுகாப்பாக அமையும் ஆணிடமிருந்து வரும் விந்துவில் உள்ள விந்தணுக்களை இது கொன்றுவிடுமாயை கார்ப்பம் ஏற்படாது.</p>	<p>2</p> <p>நிமிடம்</p>	<p>துண்டு படங்கள்</p> <p>மூலம்</p> <p>விளக்குதல்</p>	<p>கவனித்தல்</p>
<p>ஜெல்லி -கீரிம்</p>	<p>நன்மைகள்</p> <p>மலிவானவை, தீங்கு அற்றவை, பயன்படுத்த எளிது.</p> <p>குறைபாடுகள்</p> <p>நம்பத்தக்கது அல்ல. கருப்பாதையில் மிக எட்டியிருக்கும்படி வைக்கவேண்டும். இது உடலுறவின்போது நுரையை ஏற்படுத்திக்கொண்டு இருக்கும் நமச்சல், எரிச்சலை உண்டாக்கலாம்.</p>	<p>2</p> <p>நிமிடம்</p>	<p>துண்டு படங்கள்</p> <p>மூலம்</p> <p>விளக்குதல்</p>	<p>கவனித்தல்</p>

	<p>பசைகளும் கூழ்களும் (ஜெல்லி - கிரீம்)</p> <p>இவற்றை பயன்படுத்தும் அளவை (Dose) அளக்க ஒரு சாதனம் தரப்படும். வழக்கமாக 5 க.செ.மீ அளவுக்கு இதை கருப்பாதையின் உள்ளே செலுத்திட வேண்டும். ஒவ்வொரு முறை உடலுறவுக்கு முன்பும் ஒரு மணி நேரத்திற்குள் இந்த பசையை (அ) கூழை தடவிவிடவேண்டும்.</p> <p><u>நன்மைகள்</u></p> <p>நிரோத் (அ) டயாபாரத்துடன் இக்கிரீம்களை பயன்படுத்தினால் நல்ல பலன் கிடைக்கும்.</p> <p><u>குறைபாடுகள்</u></p> <p>சேருவதற்கு ஒரு மணி நேரத்திற்கு முன்பே உபயோகிப்பது கடினமாகிறது. கர்ப்பம் உண்டாகிவிடும் வாய்ப்பு உள்ளது.</p>			
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<p>இயக்குநீர்ச் சுரப்பு முறை</p>	<p>இயக்குநீர்ச் சுரப்பு முறைகள் (Hormonal Method)</p> <p>இவை பாலியல் இயக்குநீரைச் சுரக்கும் தயாரிப்புகள், இவைகளில் சில</p> <ul style="list-style-type: none"> ➤ வாய்வழி உட்கொள்ளும் கருத்தடை மாத்திரைகள் ➤ ஊசிகள் மூலம் கருத்தடை செய்வது. <p>வாய்வழி உட்கொள்ளும் கருத்தடை மாத்திரைகள்</p> <p>இவை கருமுட்டை வெளிப்படுதலைத் தடுப்பவை (மாதம் ஒருமுறை Ovulation). மாத விலக்கிலிருந்து 5-ம் நாள் முதல் தினமும் ஒரு மாத்திரை உட்கொள்ளுதல்.</p> <p>நன்மைகள்</p> <ul style="list-style-type: none"> ➤ தவறாது உட்கொண்டால் இது மிகவும் பயனள்ள கருத்தடை மாத்திரையும். உடலுறவில் எந்த இடையூறும் இருக்காது. 	<p>5 நிமிடம்</p>	<p>கைப்பிரதிகள் மூலம் விளக்குதல்</p>	<p>கவனித்து படித்தல்</p>
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	<p>குறைபாடுகள்</p> <p>பயன்படுத்திய முதல் சில மாதங்களில் பக்க விளைவுகள் ஏற்படுவது வழக்கம். (எ.க.) குமட்டல், தலைவலி, எடை அதிகரிப்பு அல்லது மாதவிலக்குகளுக்கு இடையே இரத்தப்போக்கு மற்காமல் எடுக்கவேண்டும். உயர் இரத்த அழுத்தம் நீர்ழிவு நோய், புற்றுநோய் (varicose vein) சிரைகள் புடைத்து தெரிதல், காமாலை, கருவுற்ற பெண்கள், தாய்ப்பால் கொடுப்போம் இதை பயன்படுத்த முடியாது.</p> <p>முடிவுரை</p> <p>இதுவரை நாம் தற்காலிக கருத்தடை முறைகள் பற்றியும் அதனுடைய நன்மைகளும் குறைபாடுகளும் பற்றியும் பார்த்தோம். இவற்றில் ஏதேனும் ஒரு முறையினை பின்பற்றி கருத்தரிப்பதை தவிர்ப்பதன் மூலம் தாயும் குழந்தை பிணைப்பு முழுமையாகவும் மற்ற குடும்ப கவனிப்புகளும் முழுமையாக அமையும்.</p>			
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